SA EVENT WORKSHEET

Group Name: __________________________  Level of Recognition: __________

Co-sponsor (if applicable): ______________________________

Event Name: __________________________________________

Event Date: ___________________  Event Time: __________________________

Event Location: _________________________________________

Did the following groups work at your event? (✓ or × if Yes)

  Sound Services: _____  FRS: _____  WNYF-TV: _____

If Yes, what did they do? ____________________________________________

What type of advertisement did you use? (Please Attach: flyer, newspaper ad, etc.)
__________________________________________________________________

# of Group Members Attended:_______  # of Non-Group Members Attended:______

Summary: (what the event was, how successful it was, what you would recommend to change, how this fulfilled your group’s purpose, etc.)

Group President’s Signature: __________________________________________

Co-Sponsor President’s Signature: _____________________________________

Contact Number(s): __________________________

Do Not Write
VP’s Signature