

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