

LVEPC CHAIRPERSON'S REPORT

Year: _____

NAME OF EVENT: _____

CHAIRPERSONS:

NAME _____ PHONE _____

NAME _____ PHONE _____

HELPERS:

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

DATE OF EVENT: _____

FACILITIES REQUESTED FOR THIS EVENT: _____

RESPONSIBILITIES OF THE COMMITTEE:

TIMETABLE FOR THE PREPARATION OF THE EVENT:

START DATE: _____

VENDORS USED:

VENDOR NAME _____ **CONTACT** _____

ADDRESS _____

PHONE _____ **E-MAIL/WEBSITE** _____

VENDOR NAME _____ **CONTACT** _____

ADDRESS _____

PHONE _____ **E-MAIL/WEBSITE** _____

VENDOR NAME _____ **CONTACT** _____

ADDRESS _____

PHONE _____ **E-MAIL/WEBSITE** _____

VENDOR NAME _____ **CONTACT** _____

ADDRESS _____

PHONE _____ **E-MAIL/WEBSITE** _____

ITEMIZED EXPENDITURES - INCLUDE QUANTITY AND COST:

(Please attach copies of any receipts, invoices, etc.)

PAPER GOODS _____

BEVERAGES _____

FOOD _____

OTHER ITEMS _____

MONEY EARNED: (If applicable) _____

EVALUATION OF THE EVENT: _____

SUGGESTIONS AND ADDITIONAL COMMENTS FOR NEXT YEAR'S COMMITTEE:

PLEASE ATTACH ANY FLYERS AND CORRESPONDENCE SENT OUT FOR THIS
EVENT AS WELL AS ANY OTHER INFORMATION YOU FEEL IS NECESSARY FOR
MAKING THIS EVENT SUCCESSFUL.