

ORGANIZER INFORMATION

Company/Group: _____
Contact Person: _____
Mailing Address: _____
City: _____ Province: _____ Postal Code: _____
Phone Number : _____ Email: _____

Please select the category that best describes you:

- Corporation School Community Group Service Club Individual

FINAL EVENT SUMMARY

Targeted Event Audience:

- Family & Friends Corporate General Public Customers Members

Number of participants/guests: _____

Budget and Revenue:

Revenue Received (optional): _____

Expenses (optional): _____

Net Proceeds (optional): _____

Actual Funds Raised: _____

Do you require a cheque presentation? Yes* No

**Please contact us to coordinate a mutually agreed upon date and time for a cheque presentation.*

What was the most memorable moment of your event?

By signing below, I certify all information provided on this form is true and correct to the best of my knowledge.

Event Organizer

Signature: _____

Print Name: _____

Date Signed: _____

Organizer Initials: _____



Independent Community Event Post-Event Summary

Organizer Initials: _____