

Historical Society of Dayton Valley
Outcome Report

EVENT ACTIVITY PROJECT (Circle One)
 One-Time Recurring On-Going (Circle One)

Name of Event/Activity/Project: _____ **Date(s) & Hours or Time Period, as appropriate:** _____

Chair or Leader and/or Board Liaison: _____ Phone: _____ Email: _____

Submitted by: _____ Phone: _____ Email: _____

Estimated volunteer hours: _____ Attendance (note if estimated or actual): _____

Summary assessment of Event/Activity/Project: (Include success at meeting goals and major recommendations)

What went well? Suggestions if repeated?

What should be improved or avoided in future? Suggestions if repeated?

Balance Sheet (Add extra pages if needed)

EXPENSES (Please note if donated)		REVENUE (food, gift shop, donations, memberships, etc.)	
Item	Amount	Item	Amount
TOTAL EXPENSES:		TOTAL REVENUE:	

NET REVENUE OR (LOSS):

Attach notes from event debriefing, flyers, examples of advertising, observations, minutes, details on expenses, records of volunteer house, and anything else that would be helpful for documentation or future planning.

Complete and submit to Board President or Secretary, with copy to Treasurer, as soon as is feasible after event.