

Longfellow PTO Event Report

Committee Name/Event: _____

Co-Chair(s): _____

Co-Chair(s) Phone Number(s): _____

Co-Chair(s) E-Mail Addresses: _____

Date of Event: _____ **Time of Event:** _____

No. of Volunteers: _____ **Actual Volunteers Needed:** _____

Summary of Event: _____

How was committee organized and how were responsibilities shared/split? _____

Budget: Total Expenses: _____ Total Revenues: _____

Timeline – please describe the timeframe for planning this event through its execution: _____

Marketing the Event – How did you promote the event (PTO bulletin, Flyers, Posters, etc.)

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Vendors - which vendors were used and would you recommend them for future PTO activities?

Name of Vendor

Address/Phone #

Recommended?

Supplies – Please list what was purchased, where, qty, cost, and whether this was a sufficient amount

Item

Where purchased

Quantity

Cost

Sufficient Amount?

Food (if needed) – Please List Menu, ordered from amount ordered, and when to order.

Problems you encountered?

Recommendations for the future/Things you would repeat?

Correspondence – please attach copies of letters, e-mails, flyers, etc. pertaining to your event

OPTIONAL: If you feel this should be in the binder, please include a step by step guide for this committee to help others in the future! Especially key contacts and/or website logins, etc. Thank you!

Please complete and return this form no later than 14 days of your event along with your binder to the
PTO VPs or Presidents, THANK YOU!