



GFWC WCNT EVENT REPORT

BOLD Completed by Everyone:

Event Title _____

Date _____ General Meeting _____ Event _____ Location _____

Chair/Person Completing Report. _____ Date: _____

Interaction with other Clubs: Yes _____ No _____ Club Name: _____

Is this an ongoing event: Yes _____ No _____ If yes how often: _____

Outside Contact Information:

Organization _____

Outside Contact Name _____

Email _____ Phone _____

Website _____

Address _____

Subject/Awareness/Theme _____

Hours Volunteering (*hours include travel time rounded to the nearest hour)

Planning Committee Hours Prior to Event _____

LT – social media/ Calendar of Events/Trifold Poster (all 3 add 2 hours) _____

Attending Event:

Member Names /# of Members # Total Hours Per Person (to the nearest hour)

Total Member Hours: _____

Non-Member Volunteers

Member Names /# of Members # Total Hours Per Person (to the nearest hour) _____

Who did we service? Estimated # attending: _____

Adults _____ Men _____ Woman _____ Teens _____ Children _____ Infants _____

Type of Event:

Fundraiser _____ CSP or Featured Project(category) _____ Advance Placement _____

Relevant information and ideas that will help planning this event in the future: (If necessary attach an additional sheet)

All Event Reports require a written report up to 3000 characters or 600 words in length. Please attach and save as either a word or pages document.

Choose All That Apply:

Fundraiser- Please attach shopping list(s):

Description _____ Date _____

Amount Raised _____

Cash Donations made by Members (including gift cards) _____

Total amount spent of (Check and Debit Card Requests): _____

In-Kind Donations for Fundraiser (attach copies of any available documents):

From _____ Donation _____ est. value _____

From _____ Donation _____ est. value _____

Were funds raised for specific project(s)? _____ Name _____

CSP (Community Service Projects) and Featured Projects:

Category: _____

Project Type (all that apply): _____

Monetary Donation (organization/name): _____ Amount _____

To be completed by Treasurer Check #/ DC _____ Date _____ Amount _____

Did a make a member make Monetary Donation? (name) _____ Amount _____

Speaker:

Name _____ Date _____ Organization _____

In-Kind Gift (monetary donation completed above) _____ Value _____

Collections:

Type: _____ # of items _____ est. value _____

How did you calculate value _____

Hands on Activity (HOA) -Please attach shopping list.

Description _____ # made _____ Cost to GFWC _____

Attached copy of GFWC WCNT Check Request Form _____

In-Kind Donations - value can be estimated (attach copies of any available documents):

Group Donation description _____ estimated value _____

Individual Donations:

From _____ Donation _____ est. value _____

From _____ Donation _____ est. value _____

From _____ Donation _____ est. value _____

Volunteerism at another organization:

Type _____ Date _____ Total hours _____

Walks for Causes (attach documentation if available):

Cause: _____ Date _____ Total hours _____

GFWC WCNT complete Monetary Donation _____ All other Monetary Donations: _____

Baskets (attach copies of any available documents):

Type _____ Amount: _____ Date _____ Value _____

Attached copy of GFWC WCNT Check Request Form _____

Scholarship -Please attach supporting documentation: and complete Monetary Donations

Type _____ Date _____ Amount: _____

Other- Please attach supporting documentation:

Type _____ Date _____ Amount: _____

Advance Placement Area -Educational Event including Webinars/ ESO/Conference/District 8 Meeting:

Description _____ Date _____ # People Attended _____ Total hours _____

Cost to attend GFWC _____ Member's cost to attend _____

Date Submitted _____ By _____ Initial Program VP _____

To Be Completed by Reporting Committee:

Category for End of Year Report: _____ X/5 _____

Written Description Completed: Draft date _____ Final date _____

CSP - Volunteer Hours _____ Dollars Donated _____ In-Kind Donation _____

FUNDRAISERS - Dollars Raised (Net) _____

ADVANCE PLACEMENT AREAS - Dollars Spent _____ Books Read _____

COMPLETED BY (DRAFT) _____ (FINAL) _____