

SIP – Event Follow-Up Report

Please complete this form and return it to your SIP Council Chair within two weeks of your activity. Attach additional sheet(s) if necessary. All Event/Committee Chairs and Upper School Representatives should also include a form in their Event Notebook.

Event name, Date, and Time _____

Name of Person Completing This Form _____

Budget _____

When did you.....?

Contact the principal/faculty advisor in charge of your event (if applicable)_____

Reserve space and date with Marilyn Walker_____

Get emails to Kathryn Manley_____

Contact your volunteer list (if applicable)_____

Volunteers:

Approximately how many volunteers did this event require? _____

Did the Sign Up Genius provide an adequate number of volunteers, or did you need to find more on your own? _____

Other Stratford Contacts Made (Names & purpose for contact)

Community/Outside Contacts (Names, Phone #, Purpose for Contact, date of initial contact)

Event Set Up/Clean Up

When and how long did it take for set up? _____

Clean Up – How long did it take?

Decorating

Supplies Needed? _____

