

Ministry Post Event Review

(Due two weeks after the program/event)

Ministry/Department: _____

Chairperson Name: _____

Contact (phone/): _____

EVENT NAME: _____

DATE SUBMITTED: _____ DATE OF EVENT: _____

Please include the following information. Please TYPE report and submit to Church Office TWO WEEKS AFTER your program/event.

- **Purpose/goal of the Event**
- **Time of the Event**
- **Number of Attendees**
- **Target Audience**
- **Other Church/Organizations involved**
- **Resources uses (media, ministries, tables, etc.)**
- **Number of Ministry members who worked on the event**
- **Itemized BUDGET of expenditures**
- **Fundraising Goal(s) - Did you meet or not meet your financial goal?**
- **What are the PROS/CONS of your event?**
- **What are your recommendations for the future?**
- **ADDITIONAL COMMENTS**
- **Maximum of two (2) pages only.**