ASCOCC
STUDENT GOVERNMENT

Official ASCOCC use only.

Initials _____

Event Summary Form

Student Organization Name: _____ **Year:** _____

Please check type of activity/event:

- ☐ Community service project
- ☐ Bobcat Orientation – Student Session Leader Volunteers
- ☐ Organize a fundraiser
- ☐ Organize a workshop or conference
- ☐ Organize a college event or program

Event Title: _____

Event Date: _____ **Time:** _____ **Location:** _____

Summary of Event: _____

_____

_____

_____

Impact Statement: How did this event impact COCC students, the campus, community and your organization.

_____

_____

_____

Event Expenses (examples: decorations, speaker fees, catering, beverages, facility rental fee, rentals, advertising, travel, and possibly income from fundraisers)

_____ _____

_____ _____

_____ _____

_____ **Event/Activity Expenses Total: $**_____

_____ **Event/Activity Income Total: $**_____

_____

Event Attendance:

COCC Students: _____ **COCC Staff:** _____ **OSU Cascades:** _____ **Public:** _____

Total Attendance: _____

******Submit this form within 2 weeks of activity date. ******