

**TO BE COMPLETED BY THE EVENT HOST**

1	ACTIVITY DESCRIPTION:	
2	ACTIVITY DATE:	
3	NAME OF VENUE:	

4	MMC VP IN CHARGE:	
5	MMC HOST:	
6	VENUE ADDRESS:	

**EVENT DETAILS**

7	TOTAL NUMBER OF ATTENDEES AT EVENT:	
8	BASIC ADVERTISED COST OF EVENT PER PERSON:	
9	TOTAL REVENUE COLLECTED:	
10	HOST(s) FEE (maxium \$100)	

11	(A) WERE FOOD & BEVERAGES SERVED AT THE EVENT?	YES	NO	
	IF YES, WERE YOU AND MEMBERS SATISFIED WITH:			COMMENTS/NOTES
12	-THE SERVICE			
13	-QUANTITY OF THE FOOD			
14	-THE PRICE OF THE FOOD			
15	-THE PRICE OF THE BEVERAGES			

	Total meals served	None
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16	(B) WAS THERE ENTERTAINMENT AT THE EVENT?	YES	NO	
	IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:			COMMENTS/NOTES
17	-WOULD YOU RECOMMEND WE USE THIS ENTERTAINMENT AGAIN?			
18	-NAME OF THE ENTERTAINMENT			
19	-TYPE OF ENTERTAINMENT (e.g. BAND, SINGER, etc.)			
20	-PRICE FOR ENTERTAINMENT			
21	-ENTERTAINMENT CONTACT INFO			

	(C) WERE THERE ANY PROBLEMS DEALING WITH EVENT VENDORS?			COMMENTS/NOTES
	IF YES, PLEASE DESCRIBE THE PROBLEMS IN DETAIL			

	(D) WOULD YOU DO ANYTHING DIFFERENTLY?	YES	NO	
	IF YES, PLEASE DESCRIBE WHAT YOU WOULD DO DIFFERENTLY			COMMENTS/NOTES

PLEASE PROVIDE ANY OTHER INFORMATION, COMMENTS OR SUGESTIONS YOU MAY HAVE ON HOSTING THIS OR ANY OTHER EVENT


Please turn in this report with all checks and cash to the MMC Treasurer within a week after the event. Include a copy of the attendees from the MMC Activity Spreadsheet.