



PTG Event Evaluation Form

Please complete with in one week of event date and submit to the PTG Vice President via PTG mailbox or email to ptg_vp@saintkilian.org. Thank you for all your service and dedication to Saint Kilian Parish School!

Name of Event: _____

Date of Event: _____ Total Cost of Event: _____

Location of Event: _____ Time of Event: _____

Committee Chairperson(s) responsible: _____

Turnout for event (approximate number of people): _____

Please provide a description of the event (and/or list the activities included):

Please provide a list of supplies used and source of those supplies (including donations):

Vendors used (include contact name, address, phone number and email when available, description of services, and cost per vendor):

Recommendations for next year:

Submitted By: _____ Date: _____