

618/453-5714 618/4531005 FAX



Name Of Event: Name of Officer:

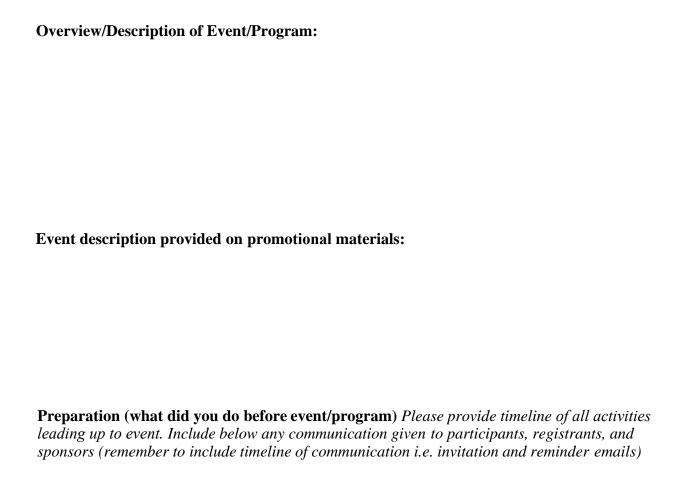
RSO Name:

Event Closing Report

R	RSO Member Name & Position filling out report:						
	vent Information vent Date(s):	Location (include rain-location):					
Projected Time of event:		Actual length of event:	_				
0	SO Members Involved & Responsible Officer Title: Duties Assigned:	oilities:					
0	Officer Title: Duties Assigned:	Individual Name:					

Suggested changes to officers/members assigned duties (*Think about ways the workload could be better distributed? Did all members of the team feel supported? Did anyone feel overwhelmed?*







Volunteers or	Staff	needed fo	r Event/Pr	ogram (be	specific):
, ormineers or					

Provide RSO board and member assignment areas and number of volunteers/staff needed. Pleasinclude timeline and suggestions for improvement.,
Publications/Marketing (How did you promote the event/program. Please include timeline, social media strategy and suggestions for improvement):
Activities Included (what happens at the event/provide agenda for day of program):
Suggested changes to the program(consider the flow of the event and what you think should change:

Event Attendance:



