Club Event Report Form General Information

Name of Event	Kozmic Cones Chili Tickets	Date of Event	Saturday, November 23rd, 2019
Event Chair		Time of Event	
Person Filling out CERF		Location	
Event Contact		Mileage (round trip)	

Event Type

V I
List all event codes that apply:

Community Service: CO	District Event: DE	
Kiwanis Family: KF	Administrative: AD	
Fundraising: FR	Membership Development and Education: MD	
Campus Service: CA	District Service Initiative: DSI	
Divisional Event: DV	International Service Initiative: ISI	

Name	Phone	Email	Time in	Time Out	Total Hours
Name of Kiwanis Family Club		Number of Members			

Summary of the Event

Summary of the Event'
Strengths -
-
-
-
=
Weaknesses -
-
-
-
-
Would you do this event again? Why or Why not?
My signature below indicates that I have read and completed this Club Event Report Form and believe that it is a true representation of this Circle K's club accomplishments for this event.
Club Chair Person:
Date: