FRIENDS OF RIDGEFIELD COMMUNITY LIBRARY
POST EVENT REPORT FORM

Event:_____

Date/Time/Location: _____

Lead Organizer/Contact:_____

Number of Volunteers Used: _____

_____

_____

Description of Event: _____

_____

_____

_____

_____

_____

Expenses:_____

_____

Recommendations for future events:_____

_____

_____

Income generated: $_____

Less expenses: $_____

Total profit: $_____ **09/15/2022**