



Earl Warren College  
UC San Diego

# STUDENT ORGANIZATION POST-EVENT REPORT FORM

**Organization Name:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Event Date & Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Coordinator(s):** \_\_\_\_\_

## EVENT ANALYSIS

Pros:	Cons:
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

### Improvements that could be made for next time:

### Budget Analysis:

Item Name:	Quantity:	Price of each Item:	Total Cost:
		Total Spent:	\$
Number of Students in Attendance		Cost Per Student	\$

### Description of Impact on Warren Community:

Coordinator(s) Signature: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_

*This form is required for all new Warren College Organizations with probationary status.*