



Event Completion Form

Event Name _____

Event Date _____

Summary:

What Children First Goals were met? (Select all that apply)

- Provide safe environment for children & their families
- Provide engaging educational opportunities for families
- Children from all incomes & backgrounds are valued & supported
- Parents are linked to programs & community supports that empower them to meet the developmental & health needs of their children & themselves
- Other (please explain)

Would you offer this event again next year? _____

Notes for next year's planning-

Event Participation Numbers			
	Attendance #		Attendance #
Children Ages 0-5		Adults age 19-54	
Children Grade K-5		Adults age 55+	
Youth Grade 6-8		TOTAL Adults	
Youth Grade 9-12			
TOTAL Children & Youth		TOTAL Attendance	

Item Description	Actual Cost of item	Total amount Children First! Money Used	Total amount of other dollars used
Total			

In-Kind Contributions		
	Item or Time	Value
Volunteer Time(in hours)		
Staff Time (in hours)		
Space or Facility Use		
Equipment or Materials		
Other(explain)		

****Include any photos of the event to be used for future marketing****