

EVENT/ACTIVITY SUMMARY REPORT

EVENT OR ACTIVITY:

RESPONSIBLE COMMITTEE:

DATE(S):

Location:

Team Lead(s):

of Rotarians Involved:

of Hours:

of Rotarians Family Members:

of Hours:

of Non-Rotarians Involved:

of Hours:

of People Positively Impacted:

Other Organizations Involved:

Funds Expended (if any)

Net Funds Raised (if any)

SUMMARY:

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Rotarians Participating*:

**(Pls. send names to Secretary for makeups)*

Others Participating: