

MT. HOREB PTO
FUNDRAISER/EVENT
Completion Form 2018-2019

Please complete this form and return to your PTO Board Liaison

Committee Name: _____

Date of Event: _____

Committee Chair: _____

PTO Board Liaison: _____

Committee Members (please list the names of all volunteers):

Please itemize the following:

Revenue (if applicable):

Expenses:

Please write a brief summary of your fundraiser/event/project; be sure to include a detailed outline as well as a timeline for the new chair to follow. (names of vendors used, supplies needed, etc.). Use additional pages if needed.