

KICKS Fundraising Event Feedback Form

Fundraising Event Title: _____

Individual _____
(Skater's name)

This was a(n) Team _____ event.
(Team name)

All teams

This event started at: _____, ____/____/____. Duration: _____
(Time) (mm/dd/yyyy)

Location of the event: _____
(Street)

(City)

Parent Lead: _____
(Name)

I would do this event again or recommend it to another team.
 would not

This fundraising event made a profit of _____
 experienced a loss of \$_____.

(number) skaters and _____
(number) parents participated in this event.

Additional information or details regarding the event:

Comments for Advisory Committee: