Residence Hall Program Report
(Must be completed in full and accompanied by a sign in sheet)

Hall Name: ______________________________________________________________

Program Title: ______________________________________________________________

Program Type: ☐ Semester Project ☐ Social Event ☐ In-Hall Contest ☐ Community Service ☐ Other

Date Presented: __________________________ Time: __________________________

Length of Program: ___________________ Attendance: Anticipated _________ Actual ______

Source(s) of Funding: _______________________________________________________

Cost: Estimated Amount ___________________ Actual Amount ____________________

Supplies Utilized:
____________________________________________________________________________
____________________________________________________________________________

Resources Utilized:
____________________________________________________________________________
____________________________________________________________________________

Publicity: (Type Used, Timeliness, & Effectiveness)
____________________________________________________________________________
____________________________________________________________________________

Brief Program Description:
____________________________________________________________________________
____________________________________________________________________________

Program Highs:
____________________________________________________________________________
____________________________________________________________________________

What would your hall do differently next time:
____________________________________________________________________________
____________________________________________________________________________

Was this program co-sponsored? If so with which hall: ____________________________

Hall Representative Signature: ________________________________________________

Spirit Chair Signature: _________________________________________________________

Points Awarded: _______________________