

Frostburg State University
Club Sports
Post Event Form

Club Name: _____

Event Date: _____

Club Contact: _____

Officer Position: _____

Please check the appropriate type of event:

_____ Game

_____ Fundraiser

_____ Service Event (no \$ earned)

GAME INFORMATION

Date: _____

Time: _____

Location (City/State): _____

Opponent: _____

Final Score: FSU _____

Opponent _____

Comments/Concerns: _____

FUNDRAISER/VOLUNTEER INFORMATION

Date: _____

Time: _____

Location (Venue/City/State): _____

Members in attendance:

Amount raised (if applicable): _____

What did club members do at this event? _____

Purpose of fundraiser: _____

Was this experience successful? YES NO