

## CAMERON UNIVERSITY 2023-2024 SAFAC EVENT REPORT

Please **type** this form and submit it electronically (pdf) to the Office of the Dean of Students via <a href="mailto:studentservices@cameron.edu">studentservices@cameron.edu</a> within 30 days after the conclusion of your event. Include copies of all advertisements distributed and sign-in logs for this event.

Do not alter this form. Please include a separate page if you need additional space to describe your event.

Current Date:	
Sponsoring Department:	
Person Completing this Report:	
Contact Name and Phone #:	
Name of Event:	
Date and Time of Event:	
Location Event was Held:	
Headcount of Students:	
Headcount of Other Attendees:	
Total SAFAC Funds Used:	
Please describe the success of the event.	
riease describe the success of the event.	

What, if anything, would you do differently if this event were offered again? Be sure to also list any challenges you faced and what could have been done to avoid them.	
Please describe any after-action items.	
What other financial recourses were used to facilitate the expenses for this event? Be ours to	
What other financial resources were used to facilitate the expenses for this event? Be sure to list the expenses each resource covered.	