| Local Alumni Association Name: | **Insert LAA Name** |
| --- | --- |
| Activity: |  |
| Report Prepared on: |  |
| Contact Person Email: |  |
| Event Type: | **(e.g. Social, Fundraising, Professional)** |
| Estimated Cost: | **N/A** |
| Estimated Profit: | **N/A** |
| Attendance/Participation:  |  |

BACKGROUND

(Please Describe the Event)

Key Action Items:

* Bullet the key task needed for implementation of event, if there are any

Future Changes/Suggestions:

(Please discuss what was unsuccessful and how it can be improved upon in the future)