

EVENT: _____

DATE: _____

PEOPLE TO ENGAGE: _____

GOALS: _____

KEY TASKS:	<input type="checkbox"/>	_____	DUE:	_____
	<input type="checkbox"/>	_____	DUE:	_____
	<input type="checkbox"/>	_____	DUE:	_____
	<input type="checkbox"/>	_____	DUE:	_____
	<input type="checkbox"/>	_____	DUE:	_____

NOTES: _____

FINANCIALS: _____

ASSESSMENT: _____

WHAT WORKED: _____

NEEDS REVIEW: _____

EXCLUDE: _____

DATE FOR NEXT YEAR: _____

EVENT: _____

DATE: _____

PEOPLE TO ENGAGE: _____

GOALS: _____

KEY TASKS:	<input type="checkbox"/>	_____	DUE:	_____
	<input type="checkbox"/>	_____	DUE:	_____
	<input type="checkbox"/>	_____	DUE:	_____
	<input type="checkbox"/>	_____	DUE:	_____
	<input type="checkbox"/>	_____	DUE:	_____

NOTES: _____

FINANCIALS: _____

ASSESSMENT: _____

WHAT WORKED: _____

NEEDS REVIEW: _____

EXCLUDE: _____

DATE FOR NEXT YEAR:
