



**LIBERTY ROAD RECREATION AND PARKS COUNCIL
PROGRAM FINAL REPORT FORM**



Program: _____ Program Code: _____ Site: _____

Program Chair: _____ Phone: _____

Start Date: _____ End Date: _____

Program Days/Times: _____

1. Total Registration: _____ Total Attendance: _____

Has a registration list been submitted to the proper staff member? _____

2. Please attach a list of all program volunteers and leaders.

3. Were any keys issued to your program? _____

If yes, to which staff member did you return them? _____

4. On a separate sheet, please list all program materials remaining at the end of the program and the recreation facility where each item is stored.

5. Approved budget income: _____ Actual income: _____

Approved budget expense: _____ Actual expense: _____

Projected Balance: _____ Actual Balance: _____

Please clarify any significant discrepancies between the approved/projected figures and the actual figures.

6. Please indicate any compliments you wish to pass on, related to the program.

7. Please indicate any concerns or issues which need to be addressed.

8. Please list any objectives you would like the program to meet next year.

9. Please attach any Award Nomination Forms for individuals involved in your program.