

Gayhead PTA Committee Final Report*

(School Year _____)

Name of Committee: _____

Budget Amount for Current School Year: _____

Amount Used Current School Year: _____

Recommended Budget for Next School Year: _____

Names of Merchants, Vendors, Suppliers, Contacts and Telephone numbers/Email addresses used: _____

Time Frame Program Operation: Date Started: _____

Date Ended: _____

Number of Volunteers to Staff Program: _____

Estimated Work Hours Needed to Operate Committee and Program from Start to Finish: _____

Comments/Recommendations/Suggestions: _____

Committee Chair(s)

Date Submitted

*This report is due at program completion.