

# UW-Whitewater Club Sports

## Post-Home Event Report

Return form to room 100 AFTER club travel  
Club Sports staff will file form accordingly

**\*\* SUBMIT NO MORE THAN TWO DAYS FOLLOWING YOUR EVENT \*\***

**Club:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Date(s) of Event:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Were there any changes made after your planning form was submitted? If yes, please list all changes.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List any team or individual highlights along with any wins, losses, ties, placements, etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Were there any issues related to your event hosting? If yes, please explain.**

Please do not share injury information on this form – submit the approved injury form

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Event Feedback (please circle)

Administrative staff may follow-up with you accordingly

Facilities used were available, clean and functional	YES	NO
Staff were available and helpful	YES	NO
Equipment stayed in safe and operable condition	YES	NO
We experienced parking and/or other logistical issues	YES	NO
Our guests were treated to a safe, fair and welcoming environment	YES	NO
We hope to host a similar event in the future	YES	NO

**My club would like to discuss this event or provide feedback to administration:** YES NO  
(circle one)

FOR OFFICE USE ONLY

**Date Received by Club Sports:** \_\_\_\_\_

