



# Manitoba 4-H Council Inc. Event Report Form

## This document applies to: Event Coordinators

If this event received funds from M4HC you must complete the entire form and submit a copy to the M4HC Office (dkrinke@4h.mb.ca). Otherwise, only pages 1 & 2 need to be completed for your own records.

Event's Area Council:

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Name of Event:

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Date(s) of Event:

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Location of Event:

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Type of Event:

(more than one may apply)

- Recreational Activity     Competition     Development/Training  
 Camp     Overnight Event (# of days\_\_\_\_)  
 Other: \_\_\_\_\_

Name and type of facility: \_\_\_\_\_

Number of participants:                  \_\_\_\_\_ Members                  \_\_\_\_\_ Leaders

Chaperones:

Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member
Name _____	<input type="checkbox"/> Adult <input type="checkbox"/> Senior Member





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Was this an event held in conjunction with an external event open to the public?

If no, check here.

If yes, check here and provide more details (including the number of people exposed to the 4-H program): \_\_\_\_\_

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Did this event receive any media coverage either prior to, during, or after the event?

If no, check here.

If yes, check here and provide more details, including the form of media that covered the event (print, radio, television, social media) and provide copies of the coverage (photocopies, scans, links etc.):

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How was this event promoted? Please list and provide copies (if available) of promotional ads, flyers, or other material and methods used to raise awareness of and encourage participation in the event.

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### List all sponsors and how they were acknowledged:

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_

Name: \_\_\_\_\_ Acknowledgment: \_\_\_\_\_



# Manitoba 4-H Council Inc. Event Report Form

Incidents observed by chaperones: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Incidents reported to chaperones: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were incident report forms completed?  Yes  No

(If not, please ensure form is submitted as required if there is a need to submit an insurance claim. Please contact [dkrinke@4h.mb.ca](mailto:dkrinke@4h.mb.ca) for insurance claim forms. If the incident was not serious enough to initiate an insurance claim but merits being formally recorded please contact [dkrinke@4h.mb.ca](mailto:dkrinke@4h.mb.ca) for the incident report form. For clarification as to the severity of the incident and to ensure the correct procedure is followed please contact the Manitoba 4-H Council office.)

Member feedback for event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes/Recommendations for subsequent events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Event Report Form Checklist

Please attach:

- a copy of the final budget
- photo(s) or video(s) with signed consent for the use of the M4HC
- a written report of the event for the eZine (less than 500 words)
- document(s) clarifying all competition/award outcomes

Event Coordinator Name (printed) \_\_\_\_\_

Event Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Event Coordinator Name (printed) \_\_\_\_\_

Event Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

COPY RETAINED BY MANITOBA 4-H COUNCIL INC.