

Osher Lifelong Learning Institute UC Irvine

SPECIAL EVENTS REPORT

Date: _____

Event Facilitator: _____

Catalog Number & Title: _____

Attendance Summary:

Enrolled: _____

Attended: _____

FEEDBACK REPORT SUMMARY (How did trip go overall – comments?)

Tours, Meals, Etc. on Time & as Described in Catalog? (comments)

Did anyone become ill or get lost? (comments)

BUS PICKUP TIME: _____

BUS RETURN TIME: _____

BUS DRIVER'S NAME: _____

BUS DRIVER'S RATING: (excellent, ok, poor)

BUS CONDITION --- Working microphone (yes/no)

Restrooms stocked, lit, working (comments)

Air conditioner working (yes/no)

Other issues? (comments)

FACILITATOR'S EXPENSES

BUS DRIVER'S TIP \$ _____

REFRESHMENTS \$ _____

GROUP LUNCH \$ _____

TICKETS/ADMISSIONS \$ _____

OTHER (description) \$ _____

SUGGESTIONS TO IMPROVE FUTURE TRIPS: (comments)

WITHIN 3 DAYS OF TRIP, E-MAIL ENTIRE COMPLETED REPORT TO:

1) THE EVENT DEVELOPER 2) robertcliffordray@yahoo.com 3) maurahunterbyrne@gmail.com

Send your reimbursement form to M.Byrne 2110 Catalina St., Laguna Beach, CA 92681 or leave in box in OLLI office for SE reimbursements.