

# Alpha Phi Omega Project Report Form

Project Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone or Email: \_\_\_\_\_

How many signed up?: \_\_\_\_\_ How many came? \_\_\_\_\_

Total hours completed: \_\_\_\_\_ Were there enough participants?  Yes  No

Please give a description of the project: \_\_\_\_\_

What was the cost, materials, or equipment needed that was provided by the chapter or the organization? \_\_\_\_\_

What went well on the project? \_\_\_\_\_

What could have gone better? \_\_\_\_\_

How can this project be improved upon?: \_\_\_\_\_

What were the comments and opinions of those involved in the project?:

\_\_\_\_\_

Would you do this project again?  Yes  No

