



CABOOLTURE SPORTS CLUB
Community Chest



Event Outcome Form

Recipients Details

Organisation Name: _____

Address: _____

Phone: _____ Mobile: _____

Please ensure this form is completed and returned within 14 days after your event date (or 14 days after receiving your successful letter. This will ensure your eligibility should you apply for funding under the Caboolture Sports Club Community Chest Fund in the future.

Instructions:

Write a brief outline of your results achieved from your event or project as a result of the assistance provided by Caboolture Sports Club. For events please include the estimated number of visitors/participants and the response that was received from people attending the event. For projects please include details on how the project was a success and the outcomes that were achieved.

Signed: _____ Name: _____ Date: _____

Organisation Representative



Winner Qld's Best Sports Club 3 Years in a Row

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