***Mobile Literacy Unit***

*Event Report*

Please submit this report within one week of your event.

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| **Date of report** |  | | | |
| **Contact person**  **(person submitting report)** |  | | **Phone number/email** |  |
| **Organization Using MLU** |  | | | |
| **Date of event:** |  | | | |
| **Event name** |  | | | |
| **Location of event**  **(street address)** |  | | | |
| **# of UTRGV students, faculty, staff involved in event** | Students-  Faculty-  Staff- | | **# of attendees** | Children-  Adults- |
| **Did you use MLU books/items as free giveaways?** | Yes | **What did you give away and how many of each item?** | | |
| No |  | | |
| **Does anything need to be restocked?** |  | | | |
| **Comments on the experience?** |  | | | |