



EVENT FORM

EVENT INFO	
Submitted by:	Date:
Event Name:	
Location:	

INCOME	
Total Income: \$	Budgeted Income: \$
EXPENDITURE	
Total Expenditure: \$	Budgeted Expenditure: \$
PROFIT/LOSS	
Income Less Expenditure: \$	Budgeted Income Less Expenditure: \$

ATTENDANCE & INCOME details	
Total Attendance:	# Guests (included in Total):
WRPTA Charge per Person: \$	# Paid Total: \$
Sponsorship Amount Received: \$	

EXPENDITURE details	
Location Cost per Person: \$	Total \$ Paid to Event Location: \$
Printing Costs:	
Mailing Qty:	Total Mailing Cost: \$
Program/Flyer Qty:	Total Program/Flyer Cost: \$
Other (Qty):	Total Other Cost: \$

Postage: \$	Decorations: \$
Food/Beverages: \$	
Paper and Plastic Products: \$	

EVENT FORM

EXPENDITURE ctd.

Other Expenses (Please Itemize):

COMMENTS: Recommendations for Next Year, Problems Encountered, etc.

COMMITTEE MEMBERS

Chairperson:

2:

3:

4:

5:

6:

Signature:

Date: