



Event Record Form

Name of the Event: _____

Date of the Event: _____

Host(s) of the Event: _____

Amount Raised: _____

Designated Charity: _____

Signatures of those Responsible for Counting Funds:

Treasurer, BOD Member, or Approved Designee

Date

2nd Witness

Date

This form must be included with the treasurer's report given at the next BOD meeting and maintained in the treasurer records.