

EVENT REPORT FORM

Group: _____

Event: _____

Event Date: _____

GATE INFORMATION

Total of checks from gate \$ _____

Total cash from gate (includes seed money) \$ _____

Total gate funds counted at the event by: Person 1 _____
 Person 2 _____
 (please print and sign name)

Treasurers send report to Regional Treasurer and Kingdom Exchequer (with total NMS check.) within 30 days of the event.

Notes/Comments/Detail of Other Income:

Site and Feast information created from sign in sheets

SITE

# Adults	_____	at \$	_____	=	_____	=	_____
# Adults	_____	at \$	_____	=	_____	=	_____
# Adults	_____	at \$	_____	=	_____	=	_____
# Adults	_____	at \$	_____	=	_____	=	_____
# Children	_____	at \$	_____	=	_____	=	_____
# Children	_____	at \$	_____	=	_____	=	_____
# Families	_____	at \$	_____	=	_____	=	_____
NMS (Non-member Surcharge)							
# NMS	_____	at \$	3.00	=	_____	=	_____

Prepaid SITE

# Adults	_____	at \$	_____	=	_____	=	_____
# Adults	_____	at \$	_____	=	_____	=	_____
# Adults	_____	at \$	_____	=	_____	=	_____
# Adults	_____	at \$	_____	=	_____	=	_____
# Children	_____	at \$	_____	=	_____	=	_____
# Children	_____	at \$	_____	=	_____	=	_____
# Families	_____	at \$	_____	=	_____	=	_____
Prepaid NMS (Non-member Surcharge)							
# NMS	_____	at \$	3.00	=	_____	=	_____

FEAST

# Adults	_____	at \$	_____	=	_____	=	_____
# Adults	_____	at \$	_____	=	_____	=	_____
# Children	_____	at \$	_____	=	_____	=	_____
# Families	_____	at \$	_____	=	_____	=	_____

Prepaid FEAST

# Adults	_____	at \$	_____	=	_____	=	_____
# Adults	_____	at \$	_____	=	_____	=	_____
# Children	_____	at \$	_____	=	_____	=	_____
# Families	_____	at \$	_____	=	_____	=	_____

OTHER FEES

# _____	at \$ _____	=	_____
# _____	at \$ _____	=	_____

OTHER FEES

# _____	at \$ _____	=	_____
# _____	at \$ _____	=	_____

TOTAL INCOME AT GATE _____

column 1

TOTAL PREPAID INCOME _____

column 2

