

SFEC CHAIRPERSON EVENT FORM 2010

EVENT _____ DATE OF EVENT _____

NAME OF CHAIRPERSONS _____

NUMBER OF PARTICIPATES _____

EXPENITURES-PLEASE FILL IN AMOUNTS THAT APPLY TO YOUR EVENT AND ATTACH RECEIPTS TO THIS FORM AND HAND IN TO TREASURER.

FOOD _____

BEVERAGES _____

TROPHY/PLAQUES _____

PRIZES _____

TICKET PRINTING _____

T-SHIRTS _____

FLYERS _____

POSTAGE & COPIES _____

OTHER _____

TOTAL EXPENSES _____

MONEY MADE FROM SALES FOR YOUR EVENT

TICKETS _____

REGISTRATION FEES _____ MEMBERS _____ NON-MEMBERS _____

T-SHIRTS _____

OTHER _____

TOTAL _____

NAME OF CHARITY _____ **TOTAL AMOUNT - DONATIONS**

RAISED FOR CHARITY _____