

Fundraising Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Fundraising Project Director: \_\_\_\_\_ Event Site: \_\_\_\_\_

## event contacts

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Name	Role	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

## committee assignments

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Committee	Chair	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## volunteer groups

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Group	Contact	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## event summary

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please include significant notes or comments regarding the event

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# fundraising report

Fundraising Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Fundraising Project Director: \_\_\_\_\_ Event Site: \_\_\_\_\_

## revenue

Businesses	_____	_____
Individual	_____	_____
Organization	_____	_____
Merchandise Sales	_____	_____
Product Sales	_____	_____
In-kind Donations	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>total revenue</b>	_____	_____

## expenses

### projected

### actual

Awards	_____	_____
Equipment	_____	_____
Facility Rental	_____	_____
Lodging	_____	_____
Meals	_____	_____
Merchandise	_____	_____
Postage	_____	_____
Printing	_____	_____
Subsidies to Delegations	_____	_____
Travel	_____	_____
Volunteer Identification/Recognition	_____	_____
Other _____	_____	_____
<b>total expenses</b>	_____	_____

Total Revenue: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
Total Expenditures: \_\_\_\_\_ Phone: \_\_\_\_\_  
Net Income: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved by: \_\_\_\_\_ Date: \_\_\_\_\_