



Sponsored/Endorsed Event Financial Report

A final financial report must be submitted to the National Office within ninety (90) days of your event.

Event Name: _____

Event Dates: _____ Location: _____

No. of Expected Paid Registrants: _____ Other Registrants: _____

Income

Registration Fees \$ _____
Amount should equal registration fee x paid registrants

Vendor Fees \$ _____
Amounts expected in fees from vendors exhibiting at the event

Sales \$ _____
Revenue received from any novelties, concessions, resource materials, etc. sold by event organizers

Gifts/Grants/Sponsorship \$ _____
Charitable contributions or sponsorship revenue received for the event

Advertising \$ _____
Revenue received from the sale of advertising in an event booklet or program

Other \$ _____
Any other revenue not covered by one of the categories above

TOTAL INCOME \$ _____

Expenses

Site Expenses

Facility Rental \$ _____
Cost of renting the facility where your event takes place

Cleaning/Site Personnel \$ _____
Labor costs for cleaning crew, security, etc.

Clinician Expense

Honorarium/Fees \$ _____
The amount you pay your clinicians/conductors for their work at your event

Travel/Lodging/Meals \$ _____
The cost of travel to get the clinician to your site (airfare, mileage) and any hotel or meal expenses.

Administrative Expenses

Postage/Mailings \$ _____
All expenses related to postage and mailings to promote the event and to send information to registrants/clinicians, etc.

Telephone/Fax \$ _____
Any costs for phone calls, adding phone lines at the facility, long distance calls, etc.

Printing/Promotions \$ _____
Cost of printing registration forms, promotional flyers and event materials like programs, class notes, etc.

Equipment Rental \$ _____
Cost of renting equipment such as staging, sound systems, instruments, etc.

Endorsement Fees \$ _____
Only for Endorsed Events - total Endorsement Fees that will be PAID TO YOUR AREA

Meals \$ _____
Cost of meals for registrants, event committee, Area board, etc.

Other _____
All other expenses not covered in one of the above categories. Please itemize below

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSES \$ _____

EVENT PROFIT/(LOSS) \$ _____

Primary Event Contact Signature _____

Date Signed _____