

Name of Event: _____

Date of Event: _____

Organizing Group/Ministry: _____

Estimated # of Participants/ Attendees: _____

Event Leader/Contact Information:

Number of Event Volunteers: _____

Estimated # of Volunteer Hours: _____

INCOME Details (e.g. ticket sales, food, silent auction, etc.):

TOTAL INCOME: _____

Estimated Value of Any Non-Cash Donations (please detail # of items, quantity):

(Please do not add this estimate to Total Income)

EXPENSE Details (e.g. food, equipment rental, supplies, postage, etc.):

TOTAL EXPENSES: _____

NET EVENT PROCEEDS (Income – Expenses):

Form completed by: _____

Date: _____