

EVENT REPORT FORM (last updated 07/2006)

Group: _____

Event: _____

Event Date: _____

GATE INFORMATION

Total of checks from gate \$ _____

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

TOTAL INCOME AT GATE _____

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 NMS Deputy (with total NMS and Kingdom Profit Split checks) within 30 days of the event.

Notes/Comments/Detail of Other Income:

Site and Feast information taken from sign in sheets

SITE

Adults _____ at \$ _____ = _____
 # Adults _____ at \$ _____ = _____
 # Adults _____ at \$ _____ = _____
 # Adults _____ at \$ _____ = _____
 # Children _____ at \$ _____ = _____
 # Children _____ at \$ _____ = _____
 # Families _____ at \$ _____ = _____
Subtotal _____ **Guests** = _____

NMS (Non-Member Surcharge)

NMS _____ at \$ 3.00 = _____

FEAST

Adults _____ at \$ _____ = _____
 # Adults _____ at \$ _____ = _____
 # Children _____ at \$ _____ = _____
 # Families _____ at \$ _____ = _____
Subtotal _____ **Feasts** = _____

OTHER FEES

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

GATE SEED

TOTAL INCOME AT GATE

_____ *column 1*

Site and Feast information taken from ACCEPS and Pre-Paid funds

Prepaid SITE

Adults _____ at \$ _____ = _____
 # Adults _____ at \$ _____ = _____
 # Adults _____ at \$ _____ = _____
 # Adults _____ at \$ _____ = _____
 # Children _____ at \$ _____ = _____
 # Children _____ at \$ _____ = _____
 # Families _____ at \$ _____ = _____
Subtotal _____ **Guests** = _____

Prepaid NMS (Non-Member Surcharge)

NMS _____ at \$ 3.00 = _____

Prepaid FEAST

Adults _____ at \$ _____ = _____
 # Adults _____ at \$ _____ = _____
 # Children _____ at \$ _____ = _____
 # Families _____ at \$ _____ = _____
Subtotal _____ **Feasts** = _____

OTHER FEES

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

TOTAL PREPAID INCOME

_____ *column 2*

EXPENSES

Advertising	
Equipment Rental	
Fees & Honoraria	
Food	
General Supplies	
Decorations	
Misc Stuff	
MOC activities	
Prizes	
Tokens	
Insurance (NON-SCA)	
Site Charges	
Postage	
Printing	
Other Expenses	

SUBTOTAL _____

EXPENSE: TRANSFERS TO ANOTHER SCA GROUP: _____

SCA, Inc. ACCEPS	_____
SCA Inc, Equestrian Insurance	_____
SCA Inc, Blackstar	_____
_____	_____

TOTAL EXPENSES (transfer to second column) _____

Treasurers: send report to Regional Treasurer and Kingdom NMS Deputy (with total NMS and Kingdom Profit Split checks) within 30 days of the event.

INCOME

Gate funds deposited in bank (page 1, col. 1) _____
 Prepaid gate funds deposit (page 1, col. 2) + _____
 plus Other Donations (auctions,raffles,etc): + _____
 minus Gate Seed: - _____
 minus Refunds (paid after deposit made): - _____
 minus TOTAL NMS sent to Kingdom: - _____
 TOTAL INCOME = _____
 minus TOTAL EXPENSES (from first column) - _____
Total PROFIT / (LOSS) = _____



TRANSFERS TO ANOTHER SCA GROUP: _____ (Group, check number and amount)

NMS Transfer to Kingdom (*day-of and prepaid*) _____
 SCA Inc Kingdom of Ansteorra: ck#: _____

Profit splits _____
 (list) _____

Event Comments: (What things happened at this event to make it special or increase attendance such as Crown attendance, Peerage Circles, Elevations, Investiture, bad weather, etc.) Use extra pages as needed.

Seneschal signature/date: _____

Treasurer signature/date: _____

Autocrat signature/date: _____