

Twistars Boosters
Misc Event Final Report

For a Computer Version of this form (in Excel), please send email request to: kristin@gmc.com

Event Information

Name of Event _____ Event Date(s): _____
 Location _____
 Address _____
 Phone _____
 Contact person at Location: _____

Coordinator information

Twistars Member(s) Coordinating this event: _____
 Committee Name: _____
 Committee Chairperson: _____

Detailed Expenses (Actual cost)

| Description | Amount | Description | Amount |
|-----------------------|--------|-------------|--------|
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| | | | |
| Total Expenses | | | \$ - |

Income Statement Summary

Total of Cash & Checks Collected: _____ Attach "Bank Deposit Record"
 Total Expenses: less: -
 Net Income/(Expense): = \$ -

Signatures

 Event Coordinator _____
 Committee Chairperson (required)

 Treasurer