



ENDORSEMENT FEE REPORT Endorsed Events

Please provide the information requested below and **submit a copy of this report with payment of your Endorsement Fee to your Area.** Contact the National Office at 937-438-0085 for assistance in identifying your Area's address for payment.

Event Name: _____

Event Start Date (MM/DD/YYYY) _____ **Event End Date** (MM/DD/YYYY) _____

Event Location: _____

Primary Event Contact:

First Name: _____ **Last Name:** _____

Total Paid Registrants: _____

Endorsement Fee per Registrant * \$ _____ **Total Fees Due Area: \$** _____

***Endorsement Fees are calculated as follows:**

1-99 paid registrants - \$0.75 per registrant per day

100-499 paid registrants - \$1.00 per registrant per day

500+ paid registrants - \$1.50 per registrant per day

(one day = 0-24 hrs, two days = 25-48 hrs, three days = 49-72 hours)

I certify that this information provided above is correct to the best of my knowledge:

_____ Date _____

Signature of Primary Event Contact