



# 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 \_\_\_\_\_