



SECTION:
AREA:

1. To be completed by the Event Coordinator within 3 weeks of the completion of the Event.
2. Complete both sides of this form and submit to the Deputy Council Commissioner (Special Programs) c/o Council Headquarters.
3. Refer to the Event Proposal Outline and Budget when completing this report
4. *Retain a copy for future event planning in the Area.*

Event Name: From Date: To Date: Location:

Host Area(s):

Who attended ?:

Colony - Pack - Troop - Older Youth - Adult

How well did the Event meet the original objectives stated in the Proposal ?:

Describe how the Event specifically supported the Section Program of the youth attending: (as stated in Proposal)

Participation:	Anticipated Attendance (from Proposal):	Registration:	Actual Attendance:
Youth			
Adult			
Event Staff			
TOTAL			

Organizing Team:	Name:	Home Telephone:	Business Telephone:	Email:
Coordinator / Chair				
Program				
Administration				
Finance				
Risk Management				

Coordinator's Comments / Recommendations:

Prepared and Submitted by: Date:

COMPLETE FINANCIAL REPORT ON THE REVERSE OF THIS FORM. ATTACH COPY OF EVENT PROGRAM.



FINANCIAL SUMMARY

		ACTUAL	BUDGET
EXPENSES	Accommodation / Facility Rental:	\$ _____	\$ _____
	+ Meals for Event Staff: Total	\$ _____	\$ _____
	+ Meals for Event Participants: Total	\$ _____	\$ _____
	+ Supplies /Materials: Total	\$ _____	\$ _____
	+ Event Participant Crests: Number: _____ @ \$ _____ ea.	\$ _____	\$ _____
	+ Marketing Expenses, Mail, etc.: Total	\$ _____	\$ _____
	+ Other Expenses: Total	\$ _____	\$ _____
a	TOTAL EXPENSES:	\$ _____	\$ _____
INCOME	Total Donations Received:	\$ _____	\$ _____
	+ Participants: Youth: _____ @ \$ _____ ea.	\$ _____	\$ _____
	+ Adults: _____ @ \$ _____ ea.	\$ _____	\$ _____
	+ Other Sources of Income: (List) _____	\$ _____	\$ _____
	+ _____	\$ _____	\$ _____
b	TOTAL INCOME:	\$ _____	\$ _____
NET INCOME	NET INCOME = TOTAL INCOME - TOTAL EXPENSES (b - a)	\$ _____	\$ _____
VARIANCE	AMOUNT ACTUAL NET INCOME EXCEEDS BUDGET NET INCOME	\$ _____	+ OR
	AMOUNT BUDGET NET INCOME EXCEEDS ACTUAL NET INCOME	\$ _____	-

Please comment on variance:

Deputy Council Commissioner (Special Programs):

Date:

Council Commissioner:

Date:

File Date:

Comments / Recommendations:

Comments / Recommendations: