

**WABANAKI AREA
EVENT SUMMARY FORM**

Name: _____ Date: _____

Committee: _____

Address: _____

Email _____ Phone: _____

Event/Activity: _____

Date: _____

Location: _____

of Youth _____

of Adults _____

INCOME

Registration _____ (copies of receipts required)

Advance _____

TOTAL _____

EXPENSES

(Please attach all receipts)

Crests _____

Rental Fees _____

Food _____

Equipment _____

Mileage _____

TOTAL _____

BALANCE: _____

(income less expenses)

Signature

For Treasurers Use:

Cheque # _____

Date: _____

Amount: _____

Cost Centre: _____

OR

Funds Returned _____