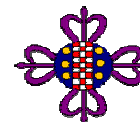




KINGDOM OF CALONTIR

EVENT FINANCIAL REPORT



Group Name: _____

Report Date: _____

Event Name: _____

Event Date: _____
(due within 30 days of event)

INCOME (Event proceeds only - do not include fund raising activities at event):

	(A) #Prepaid	(B) # At Door	(C) Prepaid \$	(D) At Door \$	(AxC) + (BxD) Total
Site Fee (Members)					
Site Fee (Non-Members)					
Comped Adults			\$0.00	\$0.00	\$0.00
Site Fee (Minor/age -)					
Site Fee (Minor/age -)					
Minors age and under			\$0.00	\$0.00	\$0.00
Feast Fee - Adult					
Feast Fee - Child					
Inn					
Other Fees (Merchant, Camping)					
Non-Member Surcharge			\$5.00	\$5.00	
GROSS INCOME:					

Gate forms must be copied and originals sent to the waiver secretary within 2 weeks of event.

REFUNDS (Event proceeds refunded to payer):

TOTAL REFUNDS:

ACTUAL INCOME: _____

EXPENSES (AR, not OA or FR):

Advertising - Non-SCA (Itemize)

Equipment Rental and Maintenance

Fees and Honoraria (Itemize)

Food (incl. inn, feast)

General supplies (incl. tokens, prizes, decorations)

Insurance - Non-SCA (Itemize)

Occupancy/Site Charges (subtract refunded deposits)

Postage, Shipping, PO Box rental

Printing and Publications

Telephone

Travel (gas, tolls, airfare)

Other Expenses (Itemize)

Amount:	Itemized items:
	<i>advertising-Non SCA</i>
	<i>advertising-Non SCA</i>
	<i>fees and honoraria</i>
	<i>fees and honoraria</i>
	<i>fees and honoraria</i>
	<i>insurance - Non SCA</i>
	<i>insurance - Non SCA</i>
	<i>Other Expenses</i>
	<i>Other Expenses</i>
	<i>Other Expenses</i>
	<i>Other Expenses</i>

EXPENSES SUB-TOTAL: _____

TRANSFERS:

To SCA, Inc.-Calontir, for NMS (In Kingdom transfer)

To SCA, Inc., for Site/Equestrian Ins. (Out of Kingdom)

due within 2 weeks of event

TRANSFERS SUB-TOTAL: _____

EVENT PROFIT (Income-Expenses-Transfers): _____

TRANSFERS (Does not include money from fund raisers):

To SCA, Inc.-Calontir for donations

To SCA, Inc.-[other groups] (Itemize)

	<i>transfers to other groups</i>
	<i>transfers to other groups</i>

FINAL GROUP PROFIT: _____

Event Steward: _____

Exchequer: _____