FUNDRAISING EVENT/ACTIVITY ACCOUNT FORM
WINCHESTER MOOSE FAMILY CENTER 1283

Description of event/activity

_____

_____

_____

_____

_____

_____

_____

_____

_____

Proposed Date(s): _____

Dispensation Needed? Y / N IF YES, date of approval: _____

Number of volunteers needed: _____

Anticipated Expenses

Food	_____
Beverage	_____
Entertainment	_____
Printing	_____
Advertisements	_____
Decorations	_____
Supplies	_____
Rentals	_____

Anticipated Revenue

Food sales	_____
Beverage sales	_____
Ticket sales	_____
Sponorships	_____
Rental spaces	_____
Table space	_____
Total Revenue	_____

Total Expenses _____

Profit to be dedicated to: _____

Board of Officers review _____ Board of Officers approval _____

House Committee review _____ House Committee approval _____

Modifications by Ron 1-30-2011 Form Rev: May 2010