

Museum & Arts Center - Event Form # 3: Summary

This form is for a report to the Board of Trustees, the Director, and the Treasurer Please turn in to the Director within 48 hours of the conclusion of the event.

Name _____

Date(s) _____

Time _____

Location _____ Address _____

Event Chairperson _____ Phone _____

Cell Phone _____ Email _____

INCOME:

Ticket Sales(\$) _____
 Donations(\$) _____
 Admission Fees(\$) _____
 Sponsors(\$) _____
 Food Revenue(\$) _____
 Beverage Revenue(\$) _____
 Booth Rental(\$) _____
 Raffle(\$) _____
 Museum Store(\$) _____
 Other Museum Sales(\$) _____
 Other(\$) _____

TOTAL(\$) _____

EXPENSES:

Rent (\$) _____
 (Advertising Costs (\$)) _____
 Banners Cost (\$) _____
 Printing (posters, tickets, signs) (\$) _____
 Advertising (newspaper, radio) (\$) _____
 Entertainment (\$) _____
 Food (\$) _____
 Beverage (\$) _____
 Donations to partners(\$)) _____
 Other(\$)) _____

TOTAL (\$) _____

INCOME(\$) _____
DEDUCT EXPENSES(\$) _____
NET PROFIT OR LOSS(\$) _____

COMMENTS