

SWC Programs Final Event Report Form 2024-25

Date: _____

Program Name: _____

Name of Program Chair or Person Filling Out Form: _____

Estimated Number of Program Attendees: _____

INCOME:

Ticket Sales	\$
Bar Proceeds	
Raffles or Sales	
Donations (if applicable)	
Other:	
TOTAL INCOME:	

EXPENSES:

Wine/Liquor License	\$
Alcoholic Beverages	
Non-Alcoholic Beverages	
Ice	
Food	
Decorations, Flowers, etc.	
Printing	
Postage	
Rentals (glasses, chairs, equipment, etc.)	
Security (if applicable)	
Staff (kitchen help, dishwashing, clean-up, etc. for major event)	
Credit Card Processing fees	
Other:	
TOTAL EXPENSES:	\$

NET PROGRAM TOTAL (Income less Expenses)	\$
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Comments: