

THE SOCIETY FOR CREATIVE ANACHRONISM, INC.

EVENT REPORT FORM

Branch: _____

EVENT: _____ DATE: _____

INCOME

Fee Type	(A) Advance Attendees	(B) at-the-door Attendees	(C) Advance Fee \$\$	(D) at-the-door Fee \$\$	Actual Income (A x C)+(B x D)
Site Fee (Adult)					
Site Fee (Child)					
Feast Fee (Adult)					
Feast Fee (Child)					
Class Fee					
Child Care					
Corporate Surcharges					
Other Income (itemize on back)					
TOTAL ACTUAL INCOME					

EXPENSES

EXPENSES				TOTAL
Advertising				
Equipment Rental & Maintenance				
Fees & Honoraria (Itemize on back)				
Food				
General Supplies				
Insurance (NON-SCA)				
Occupancy & Site Charges				
Postage & Shipping, PO Box Rental				
Printing & Publications				
Telephone				
Travel (Gas, Tolls, Airfare)				
Other Expenses (Itemize on back)				
SUB-TOTAL (Lines 12 to 27)				
Donations to Other 501(c)(3) [Nonprofit] Organizations (Itemize on back)				
Moved to Another (Itemize on back) WITHIN KINGDOM				
SCA Account (Itemize on back) OUTSIDE KINGDOM				
TOTAL ACTUAL EXPENSES				
NET PROFIT (Total Actual Income - Total Actual Expenses)				

APPROVED:

Seneschal or
Autocrat:

Exchequer:

Date:
