



Challenge The Outdoors, Inc. Event Expense Breakdown Report

write in things not listed, use the back if needed

PERSON IN CHARGE: _____ EVENT DATE: _____

EVENT: _____

Event Costs:

Food and Beverage: _____ \$ _____

Additional Groceries (plates, etc.): _____ \$ _____

Any Rental Fees (building, land, etc.): _____ \$ _____

Additional Costs List: _____ \$ _____

(List what the items are)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Total Costs \$ _____

Attached to this download are three sheets that you can make duplicates (if you need more) for signing up of all attending participants. This will help with filling out the rest of the sheet. (And we need the names) List the names of volunteers and their phone numbers on the back of this sheet.

Total Number of Participating **Members:** _____

Total Number of Participating **Non-members:** _____

Total Number Participating People _____ TOTAL

Total Number of Disabled People _____ TOTAL

Total of Volunteers _____ TOTAL

SUBMIT ALL ORIGINAL RECEIPTS FOR EVENT TO:

Challenge The Outdoors, Inc.

Home Instead Senior Care

901 Anderson Drive--Green Bay, WI 54304

Questions-- please call the office 920-593-6300

Please compose a short account on the event to put in the newsletter. Send a copy of the article to the address on this page, and it will be sent to our newsletter person. We will read it at the board meeting, and you are welcome to come to a meeting to read your article if you would like.

April 23, 2017



Event Sign-Up Sheet

Event Name _____

Date ____/____/____

Please write name legibly and check appropriate boxes.

Name and Phone Number

22 horizontal lines for writing names and phone numbers.

Member	Non-Member	Disabled	Volunteer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Disabled

Volunteer

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