

LETR Event Report Form (Fax 803-772-0094 or email to DJacobs@so-sc.org)

Please complete and return to Special Olympics SC no later than two weeks after event.

Agency:	
Name of Event:	
Date of Event:	
Person coordinating the event:	
Contact persons phone number:	
Estimated attendance:	
Please list all <u>EXPENSES</u> below. Use another page	if necessary. Provide copies of all invoices.
Expense	Amount
	\$
	\$
Sub Total Expenses	
Total Expenses from additional page(s)	\$
Total Expenses	\$
Please list all <u>INCOME</u> below.	
	1,
Registrations	\$
Misc. Donations	\$
Sponsorships	\$
Sales	\$
Total Income	\$
EVENT NET: (Total Income minus Total Expenses) \$	
IF THIS EVENT INVOLVES MORE THAN ONE AGENCY, LIST AGENCIES & % TO CREDIT EACH	
AGENCY	%