

CCWA EVENT SUMMARY

NAME OF EVENT: _____

COORDINATOR: _____

DATE: _____

VENUE ADDRESS: _____

BUDGET ALLOCATED: _____

ACTUAL COST (Attach receipts): _____

ATTENDANCE: ADULTS _____

 CHILDREN _____

Comments:

Signed by Coordinator: _____

Signed by Events Coordinator: _____

Submit with original receipts to Treasurer & a copy of the summary to Secretary.