

SPECIAL OLYMPICS MANITOBA
Evaluation of Fund Raising Event & Income Statement

1. Name of the Event: _____
2. Date of the Event: _____
3. Location: _____
4. SOM Affiliation: _____
5. Chairperson/Committee Members: _____

6. Income: (Please list items separately)

	<u>Projected</u>	<u>Actual</u>	<u>Difference</u>
Sponsorships	_____	_____	_____
Ticket Sales	_____	_____	_____
Donations	_____	_____	_____
Merchandise Sales	_____	_____	_____
Pledges	_____	_____	_____
Liquor Sales	_____	_____	_____
Other (list) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

7. Expenses: (Please itemize. Reduce liquor costs by returns & bottle refunds.)

	<u>Projected</u>	<u>Actual</u>	<u>Difference</u>
Facility Costs	_____	_____	_____
Materials	_____	_____	_____
Promotion	_____	_____	_____
Public Relations	_____	_____	_____
Cost of Goods	_____	_____	_____
Permit Costs	_____	_____	_____
Liquor	_____	_____	_____
Food	_____	_____	_____
Other (list) _____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____

8. Net Revenue

	<u>Projected</u>	<u>Actual</u>	<u>Difference</u>
Income	_____	_____	_____
Less Expenses	_____	_____	_____
Less Float (if any)	_____	_____	_____
Other (list) _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Net Profit/Loss	_____	_____	_____

9. What did we do right? _____

10. What did we do wrong? _____

11. Repeat event next year? Yes _____ No _____

12. What changes need to be made?

Committee Chairperson: _____

Date: _____