HMTA Event Chair Report

Name of Event _____

Date(s) of Event _____

Place(s) of Event _____

Chair _____ Email _____

Co-Chair _____ Email _____

Budgeted Amounts: Income _____ Expense _____

Number of students enrolled _____ Number of participating teachers _____

List of participating teachers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INCOME

Event Fee _____ x Number of Entries _____ = $ _____

Other _____ $ _____

Other _____ $ _____

TOTAL $ _____

EXPENSE

Facility ..... $ _____

Supplies ..... $ _____

Awards ..... $ _____

Other _____ $ _____

Other _____ $ _____

TOTAL $ _____

Comments: _____

_____

_____

_____

_____