

Special Event Form (Incentive Credit Will NOT Be Given Without This Form)

Name of Event:			Date of Event:		
Is this a first year event?	□Yes □No	Do you plan	on having the event r	next year? □Yes □N	0
Event Organizer's Name	:		Phone:		
Event Organizer's Agend	су:		Email:		
Revenue Source:	\$\$				
Sponsors					
Entry Fees					
Auction Proceeds					
General Donations					
Online Fundraising					
Other:					
Other:					
Ind. LETR Agency \$\$:					
1)		Less Lo	cal Program Share		
2)		Total E	Expenses:		
3)					
2) 3) 4)		Total Revenue:			
5)			otal Expenses:		
Total Revenue:					
•		Net Profit:			
In-Kind Source:	\$\$. C*1		
			Net Profit:		
		Less Total LETR Agency \$\$ Subtotal:			
			# of total volunteer hours		
		\$\$ per volunteer hour			
			**Take subtotal above, divide by total # of volunteer		
		hours to get \$\$ per volunteer hour.			
Total In-kind:			to get 33 per volunte	er nour.	
Expenses:	\$\$				
•					
Name:	Agency:	# of hours	\$\$ / volunteer hour	Total Credit	
	-55		,,,,		