Event Summary Form			Tange 2
Event Name:		MTACounty	
Event Date:			North
Event Chair:			~
Event Co-Chair:			
Number of Participants: Audience: MTAC Staff:		_ Evaluators:	
Mission of Event:			
Income:	Registration		\$
	Ticket Sales		\$
	Donations		\$
	Total Income:		\$\$
Expenses:	Venue		\$
	Evaluator/Presenter		\$
	Stationary (Tickets/ Programs)		\$
	Hospitality		\$
	Other		\$
	Total Expenses:		\$\$
	Event Profit/Loss (Total Income – Total Expenses):		\$\$

*Note other expenses here: _____

In-kind donations (value of goods or facilities donated if we had to purchase them outright):

Four copies:

1. Event folder for future chairperson

2. Treasurer

3. Recording Secretary

4. President

Signature of Chairperson, Date