

HCBC Education Grant Report

Club/ Affiliate Name: _____

Mailing Address:

Name of Event: _____

Number of Participants: _____

Please tell us about the success of your event. If more space is needed please use a separate sheet. If you have photos from the event, please include them with your e-mail.

FINANCIALS

INCOME

Registrations _____

Donations or Sponsorships (other than HCBC) _____

Total _____

EXPENSES (include facility fees, educator costs, etc.)

Facility _____

Educator _____

Supplies _____

Other _____

Total _____

Profit/ Loss _____

**** Please ensure you have attached the registration sheet and all receipts. ****

Office Use Only

Amount Sent: _____

Account: _____

Authorized: _____

Approved by: _____

Approved by: _____