



## 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: \_\_\_\_\_