



PHEASANTS FOREVER
 1783 BUERKLE CIRCLE
 ST. PAUL, MN 55110
 877-773-2070
 FAX: 651-773-5500

FUNDRAISING EVENT REPORT

Chapter Name/Officer _____ Chapter # _____

Regional Biologist: _____ Date of Event _____

REVENUE

Gross Ticket Sales (Incl. Memberships).....	\$ _____
Raffles & Other Charitable Gaming.....	\$ _____
Live Auction.....	\$ _____
Silent Auction.....	\$ _____
Cash Received (underwriting, sponsorships, donations).....	\$ _____
Advertising (ad sales in banquet program, etc).....	\$ _____

Total Revenue \$ _____

EXPENSE

National Adult Members (_____ x \$30)	\$ _____
National Youth Members (_____ x \$5)	\$ _____
**PF Merchandise (including banquet package)	\$ _____
**Other Merchandise, Prizes, Framing, Guns	\$ _____
Meals, Bar, Catering, Hall Rental	\$ _____
Event Advertising, Printing, Postage, Supplies, Permits, Emcee, Etc	\$ _____

Total Expense \$ _____

ADDITIONAL ATTENDEES

Non-member spouse _____

Non-member youth _____

Non-member complimentary tickets _____

OTHER

Number of Sponsorships (\$250 level & above, listed in program) _____

Cash Start Up (do not report as either Revenue or Expense above) \$ _____

** Be sure to include any unpaid bills from either National or other vendors (leave blank if not sure)

*This form to be completed with the assistance of the Regional Biologist and
 submitted to the National Office 2 weeks after the event*