

SSA Event Information Form

Activity _____

Date _____ Regular or Special (Circle)

90 day date of approval by E. Bd. (special only) _____

Participation Information: # of Club Members _____
Non Club Members _____

	Shooters	Cost	Total
Entry Fee Information:			
Total + for Members (i.e. DCM + Ammo)	_____	X \$ ____.	= \$ _____
Total for Members	_____	X \$ ____.	= _____
Total for Non-Members	_____	X \$ ____.	= _____
Total Other Shooters	_____	X \$ ____.	= _____
Other Income (ammo cans, etc.)			\$ _____
Total	_____		\$ _____
Expenses for the Match (attach receipts)			- \$ _____
Total turned into treasury		=	\$ _____

Person(s) responsible for Match _____

Money received by _____ Date _____