



Shongum Sportsmen's Association

SSA Event Information Form

Event Title: _____

Responsible Person: _____

Contact Information: Phone #: _____

Email: _____

Today's Date: _____

Event Date: _____

Regular Event:

Special Event:

Participation Information: **# 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.]					
Grand Total:			=		_____
Expenses for the Match: [Attach receipts]			=		_____
Total Returned to Treasury:			=		_____

Money received by: _____ **Date:** _____