



EVENT REPORT

Sponsored/Endorsed Events

To comply with regulations set forth by the American Society of Composers, Authors, and Publishers (ASCAP) and our insurance carriers, we **must** receive **attendance information** within thirty (30) days of your event. If we do not receive attendance information within this time frame, you will be responsible for all royalty payments to ASCAP and any liabilities normally covered by AGEHR Insurance. All other information should be submitted to the national office within ninety (90) days of your event. Failure to provide this information could effect future applications for Event Sponsorship or Endorsement.

Event Name: _____

Event Date(s): _____ Event Day(s): _____

Event Location: _____

Primary Event Contact:

First Name: _____ Last Name: _____

Total Paid Registrants: _____ Directors: _____ Ringers: _____

Total Unpaid Registrants _____ Staff/Guests: _____ Concert Audience: _____

Finances *(attach a copy of the Financial Report showing your actual income and expenses)*

Total Income: \$ _____ Total Expense: \$ _____

Total Profit/(Loss): \$ _____

If your event generated a profit (and we hope that it did), please tell us how you plan to use these funds.

I certify that this event complied with the Criteria for AGEHR Sponsored/Endorsed Events and other provisions set forth in materials related to these events.

Date _____

Signature of Primary Event Contact

Please submit attendance information via e-mail to jomalley@agher.org no later than thirty (30) days following your event. One copy of this Event Report and the Financial Report must be submitted to **AGEHR-Sponsored Events, 1055 E. Centerville Station Road, Dayton, OH 45459** no later than ninety (90) days following your event.



Sponsored/Endorsed Event Financial Report

A final financial report must be submitted to the National Office within ninety (90) days of your event.

Event Name: _____

Event Dates: _____ Location: _____

No. of Expected Paid Registrants: _____ Other Registrants: _____

Income

Registration Fees \$ _____
Amount should equal registration fee x expected paid registrants

Vendor Fees \$ _____
Amounts expected in fees from vendors exhibiting at the event

Sales \$ _____
Revenue received from any novelties, concessions, resource materials, etc. sold by event organizers

Gifts/Grants/Sponsorship \$ _____
Charitable contributions or sponsorship revenue received for the event

Advertising \$ _____
Revenue received from the sale of advertising in an event booklet or program

Other \$ _____
Any other revenue not covered by one of the categories above

TOTAL INCOME \$ _____

Expenses

Site Expenses

Facility Rental \$ _____
Cost of renting the facility where your event takes place

Cleaning/Site Personnel \$ _____
Labor costs for cleaning crew, security, etc.

Clinician Expense

Honorarium/Fees \$ _____
The amount you pay your clinicians/conductors for their work at your event

Travel/Lodging/Meals \$ _____
The cost of travel to get the clinician to your site (airfare, mileage) and any hotel or meal expenses.

Administrative Expenses

Postage/Mailings \$ _____
All expenses related to postage and mailings to promote the event and to send information to registrants/clinicians, etc.

Telephone/Fax \$ _____
Any costs for phone calls, adding phone lines at the facility, long distance calls, etc.

Printing/Promotions \$ _____
Cost of printing registration forms, promotional flyers and event materials like programs, class notes, etc.

Equipment Rental \$ _____
Cost of renting equipment such as staging, sound systems, instruments, etc.

Endorsement Fees \$ _____
Only for Endorsed Events - total Endorsement Fees that will be paid to your Area

Meals \$ _____
Cost of meals for registrants, event committee, Area board, etc.

Other \$ _____
All other expenses not covered in one of the above categories. Please itemize below

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL EXPENSES \$ _____

EVENT PROFIT/(LOSS) \$ _____

Primary Event Contact Signature

Date Signed

