SPECIAL EVENT HOSTING GRANT REPORT

Event Organizer: _____

Event Dates _____

Host Club _____

# of Participants: Judo BC Members ___ Male ___ Female

Non-members ___ Male ___ Female

Final Income:

Item _____ $ _____

Item _____ $ _____

Item _____ $ _____

Item _____ $ _____

Total Income $ _____

Final Expenditures

Item _____ $ _____

Item _____ $ _____

Item _____ $ _____

Item _____ $ _____

Item _____ $ _____

Item _____ $ _____

Item _____ $ _____

Total Expenditures $ _____

Prepared by _____
(print)

_____ _____
Signature Date

Send to Judo BC, 3295 Coast Meridian Road, PO Box 78049, Port Coquitlam, BC V3N 7H5