



Special Olympics Washington Revenue Event Form

Today's Date: _____ **Submitted by:** _____

Event Lead: _____ Area Location or Agency : _____

Event Lead Phone Number: _____ Event Lead E-mail address: _____

Event Name: _____ Event Date: _____

Event Location: _____

Please check all that apply and list Fair Market Value (FMV) for each. FMV is the price a product would sell for on the open market (such as the cost of an item for an auction or the dinner and green fees for a golf event registration).

Will your event include:

Ticket/Registration No Yes, if yes:

Type: _____ Cost: _____ FMV: _____

Type: _____ Cost: _____ FMV: _____

Type: _____ Cost: _____ FMV: _____

Type: _____ Cost: _____ FMV: _____

Sponsorships (please include packet/handout if possible) No Yes, if yes:

Level: _____ Cost: _____ FMV: _____

Benefits: _____

Level: _____ Cost: _____ FMV: _____

Benefits: _____

Level: _____ Cost: _____ FMV: _____

Benefits: _____

Level: _____ Cost: _____ FMV: _____

Benefits: _____

Auction or Raffle No Yes,

Total expected amount raised (gross revenue): _____

Total expected expenses: _____

Total expected donation to Special Olympics Washington (net revenue): _____

Are you expecting any in-kind support? (Will any goods or services be exchanged) No Yes
If yes, please ask your Special Olympics Washington Contact for an in-kind tracking form

OFFICE USE ONLY

Date Received: _____

GL: _____ Class: _____ Description of GL Code: _____

GL: _____ Class: _____ Description of GL Code: _____

GL: _____ Class: _____ Description of GL Code: _____