

Raritan Bay Power Squadron Activity Report

Activity Type: _____

Day: _____ Date: _____

Location: _____ Weather Conditions: _____

Location: **Good** ____ Supplies: **Adequate** ____
Fair ____ **Inadequate** ____
Bad ____ **Excessive** ____

Number Of People: Adults: ____ Children: ____

Charge For Event: Adults: ____ Children: ____

Receipts: >>>>>>> Adults: ____ Children: ____ >>>> Total: ____

Total Cost: ____

Was The Event Successful? Yes ____ No ____ **PROFIT/LOSS:** ____

Was The Price Right? Yes ____ No ____ **If NOT:** Decrease __ Increase __ Amount: ____

Recommendations for next year? _____

Items Required: **Quantity** **Cost**

***NOTE:** Please use space on reverse side to report individuals who assisted with the event.*

Submitted by: _____ Date: _____

Copies: Responsible Bridge Officer / Treasurer / Review Chairperson

