



MUSKEGON COMMUNITY COLLEGE
Registered Student Organization Event
Report Form

Please complete this form and return it to the Student Life Office by _____
(one week after activity)

Name of Club _____

Title of Event _____

Date(s) of Event _____

INCOME: \$ _____

EXPENSES (Itemize Costs):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

NET PROFIT: \$ _____

Number of people who attended: _____

Problems which occurred: _____

Comments: _____

Club Advisor's Signature

Date