



Box 547, Terrace BC V8G 4B5

Totem Saddle Club Event Details Report

*This report **must be** filled out correctly and in full detail.*

*Please return this to the treasurer, as well as any money that is generated during the event, **within 30 days** of said event*

*The organizer of this TSC event will automatically assume responsibility of any money that is lost during said event, and will be required to make up for that loss. It is the event organizers responsibility to ensure that their event adheres to their proposed budget. All riders of the event must have Horse Council British Columbia (**HCBC**) in order to participate in a TSC event.*

*Please follow the "**Clinic Guidelines**" if this event will be a clinic. www.totemsaddleclub.ca*

Event Name: _____

Date of Event: _____

Location: _____

Event Organizer: (must be a TSC member) _____

Phone: _____ Email: _____ Postal Code: _____

Address: _____ City: _____ Prov: _____

How many people participated: _____ How many are TSC members: _____

How many are non TSC members: _____

How many horses participated: _____

Did you provide stabling: [Yes] [No] If yes: # of day stalls: _____ # of overnight stalls: _____

Are the stalls clean and ready for any future events: _____

Did you provide any hydro/electrical usage: [Yes] [No] If yes: # of days used: _____

Name of Person(s) who used hydro/electrical: _____

All equipment is properly put away, and the arena is clean from manure/hay/lost items: [Yes] [No]



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Event Income:

Day 1

Number of riders	_____ x	\$ _____	= \$ _____
Non TSC members	_____ x	\$10.00	= \$ _____
Hydro hook-ups	_____ x	\$10.00	= \$ _____
Extra Income :			
			\$ _____
			\$ _____

Total income for **DAY 1** of event: \$ _____

Day 2

Number of riders	_____ x	\$ _____	= \$ _____
Non TSC members	_____ x	\$10.00	= \$ _____
Hydro hook-ups	_____ x	\$10.00	= \$ _____
Extra Income :			
			\$ _____
			\$ _____

Total income for **DAY 2** of event: \$ _____

Day 3

Number of riders	_____ x	\$ _____	= \$ _____
Non TSC members	_____ x	\$10.00	= \$ _____
Hydro hook-ups	_____ x	\$10.00	= \$ _____
Extra Income :			
			\$ _____
			\$ _____

Total income for **DAY 3** of event: \$ _____

TOTAL INCOME FOR ENTIRE EVENT \$ _____



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Event Expenses:

Clinician/Judge Payout: _____

Number of riders/lessons _____ x \$ _____ = \$ _____
Clinician/Judge expenses (must be accompanied by receipts)

Food: \$ _____

Hotel: \$ _____

Vehicle: \$ _____

Total: \$ _____

Extra Expenses:

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

TOTAL EXPENSES FOR ENTIRE EVENT: \$ _____

Total Income: \$ _____

Total Expenses: \$(_____)

TOTAL PROFIT (LOSS): \$ _____

Signature of Event Organizer: _____ *Date:* _____

Signature of Treasurer - approval of Event Details Report: _____ *Date:* _____