

MINNESOTA HIGH SCHOOL LEAGUE

SUB-SECTION OR SECTION

Fine Arts Activity Report

_____	_____	Section # _____
Date of Event	Activity	Sub-Section # _____

	Site	

To: Sub-Section or Section Coordinator/Site Manager
From: Region Committee

Please complete this report form and return it to your REGION SECRETARY (see page 4)
IMMEDIATELY following the conclusion of the activity.

Thank you for your efforts in managing this activity. The judges, students and member schools appreciate your interest and attention to the details necessary for providing a positive experience.

Site Manager: _____

School Address: _____

City, State, Zip: _____

Phone No: _____ Cell No: _____

Email: _____

ACTIVITY EXPENSE SUMMARY

(This section must be completed by the Sub-Section or Section Coordinator/Site Manager & Region Secretary)

Invoices for billing must be submitted by the Site Manager to the Region Secretary.
All bills must be approved by the Region Committee and paid by the Region Secretary.

**** (Include the Judge's contracts in this packet, but do not list them or add them in)****
Judge's checks will be sent directly to them by Region Secretary

<u>SERVICE PROVIDED</u>	<u># of Workers</u>	<u>RATE</u>	<u>TOTAL</u>
(Attach a separate list if necessary. Do NOT include Judges)			
Do NOT fill out contracts for these workers			
Site Manager	1	X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
_____		X	\$ _____
PERSONNEL TOTAL: (**)			\$ _____

<u>DISBURSEMENTS</u>	<u>Amount Paid by Event Site</u>
Personnel Total (**):	\$ _____
Site Rental (Neutral Site Only)	\$ _____
Supplies (Attach receipts)	\$ _____
Food (Attach receipts) (Hospitality Room when applicable)	\$ _____
Related Expenses (Paid to school) (Piano Tuner, etc) (Attach receipts)	\$ _____
FICA/TRA (if applicable)	\$ _____
DISBURSEMENTS TOTAL:	\$ _____
<i>NOTE: Your school will receive ONE (1) check for reimbursement of your site's expenses</i>	

This section to be completed by Region Secretary ONLY	
Paychex Employee:	\$ _____
Employee Tax:	\$ _____
Employer Liability:	\$ _____
Other:	\$ _____
TOTAL:	\$ _____

This section to be completed by Region Secretary ONLY	
Disbursements Total:	\$ _____
Total from left:	\$ _____
SUB-TOTAL:	\$ _____
Judges:	\$ _____
TOTAL:	\$ _____

EVALUATION

Your evaluation and recommendations will enable the Region Committee to consider improvements for future activities.

SUMMARY:

PROBLEMS, DAMAGE, ETC.:

RECOMMENDATIONS:

CHECKLIST:

You must include:

- _____ 1 Completed Participation Report
- _____ 2 Activity Expense Summary
- _____ 3 Check(s) for Entry Fees
- _____ 4 Completed Judge's contracts and any other independent contracts
- _____ 5 Signed Activity Report Form
- _____ 6 Return the Activity Report to the Region Secretary **ASAP**

Additional items the Region Secretary may require:

List the number of additional and/or duplicate medals needed.

REQUIRED SIGNATURE

Coordinator/Site Manager

I have received this document from the above named
Coordinator/Site Manager, and I find it to be accurate

Region 8A Secretary

RETURN TO:

**Region 8A
Mike Kolness
1512 Laurel Drive SE
East Grand Forks, MN 56721**

**Email: 8aexecsec@gmail.com
Cell: 218-784-8590**