## NATIONAL / SPECIAL EVENT RALLY FINANCIAL REPORT

This form must be completed and filed with the National Special Event Committee Chair within 30 days of the end of the Rally.

**Send to:** National/Special Event Rally Chairman, WBCCI Headquarters, P.O. Box 612, Jackson Center, OH 45334 or email to info@airstreamclub.org.

Name of National or Spec	cial Event Rally	
Place held		_
Date of Rally: From	/To/2	0
Name of Sponsoring Unit	or Region	
Name of this year's Rally	Chairman	
Address		
		_
Email		
Telephone H: ()	C: ()	
FINANCIAL REPOR	T:	
Number of Airstreams attending Number of People attending		
Problems encountered:		
Total Income \$	Total Expenses \$	Net \$
Will this rally be held n	ext year? Yes No	-
Dates: From/	To/20	
Name of next year's Ch	airman	<del></del>
Address		
E-mail		
	C: ()	
To whom should corres	pondence for next year's ral	ly be directed?
Region or Unit Presider	nt Chairman	