### Regional STAR Events

### Financial Report Form

Region: \_\_\_\_\_\_\_\_\_\_ Meeting Date \_\_\_\_\_\_\_\_\_

**Income Related to Meeting Implementation**

**Total Collected/Anticipated for registrations @\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_ (A)**

List chapters and amount received from each on separate sheet.

**Meeting Expenses**

 Supplies (Consumable) $\_\_\_\_\_\_\_\_\_

 Building $\_\_\_\_\_\_\_\_\_

 Food $\_\_\_\_\_\_\_\_\_

 Speaker $\_\_\_\_\_\_\_\_\_

 Programs $\_\_\_\_\_\_\_\_\_

 Postage $\_\_\_\_\_\_\_\_\_

 Other $\_\_\_\_\_\_\_\_\_

**Total Amount Spent $\_\_\_\_\_\_\_\_\_ (B)**

Balance (Take A - B) $\_\_\_\_\_\_\_\_\_ (C)

Signatures

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Named Officer of the Region Adviser to the Named Officer of the Region**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

***E-mail a copy of this form to the State Adviser and the State FCCLA Office within two weeks of Regional STAR Events.***

**Report for Regional STAR Events Competition**

**Region: \_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| ***Chapter*** | ***# of Members*** | ***# of Advisers*** | ***# of Guests*** |
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| **TOTALS** |  |  |  |  |

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| ***Events*** | ***# of Entries*** | ***# GOLD*** | ***#SILVER*** | ***# BRONZE*** |
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| **TOTALS** |  |  |  |  |  |

Number of Adult Evaluators\_\_\_\_\_\_\_\_ Number of Student Evaluators\_\_\_\_\_\_\_

Assessment:

What went well?

Suggestions for Next Year?

***E-mail a copy of this form to the state adviser within two weeks of the event.***