



The Imperial Court of Western Massachusetts

Written Proposal for a Fundraiser / Benefit Show

(Should be submitted NLT 4 weeks before the benefit)

Event Name: _____ Date Submitted: _____

Type of Event:	
Location of Event:	
Date / Time of Event:	
Primary Chairperson:	
Assistant Chairperson(s):	
Emcee:	
Board Member Taking Money:	
Advertising:	
Projected Expenses:	
Beneficiary/Agency to promote:	

Items the Court will provide: _____

Bar/location Contact Person: _____ Telephone Number: _____

Items the Bar/Location will provide: _____

Signature of Court Member In Charge: _____

Date: _____

Signature of Venue Manager/Coordinator: _____

Date: _____

Monarch Approval: YES / NO _____

Date: _____

Beneficiary: _____

Beneficiary Contact Person: _____

Telephone Number: _____

Street Address: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

501 (c)3 Status verified? YES / NO Who Verified? _____

Will beneficiary assist with advertising? YES / NO

Will Beneficiary have representation/literature at the event? YES / NO

Show Sheet

Name of Show: _____

Show Date: _____

Location: _____

Coordinator: _____

Charity: _____

Starting Bank: _____

INCOME:

Door: _____

Tip(s): _____

Jell-O Shots: _____

50/50: _____

Raffle: _____

Auction: _____

Other (_____) _____

Other (_____) _____

**TOTAL ESTIMATED
NET INCOME TO CHARITY**

**TOTAL ACTUAL
NET INCOME TO CHARITY**

COSTS:

Program, Lights, Set, etc: _____

Less Coronation Fee 10.00%: _____

Less Court 30.00%: _____

Total Costs: _____

Show Line-up

Event Name: _____

Date: _____

Line up: Emcee(s), Reigning Monarchs (Western MA & out of town), then the order music was turned in. If there are out of town guests, alternate them between ICWMA Members, and alternate girls and boys.

	Printed Name	Title	Track #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

Appendix D

Show Accounting Form



The Imperial Court of Western Massachusetts

Show Accounting Form

Name of Show: _____ Show Date: _____

Location of Show: _____

Hosted by: _____

		Notes/Comments
Total Cash	\$	
Total Checks	\$	
Pledges to be Collected (Annotated on Page #2)	\$	
Credit Card Total (Annotated on Page #2)	\$	
Other	\$	
Sub-Total	\$	
Total checks paid directly to beneficiary	\$	
Grand Total	\$	

Denomination	Count	Amount	Counted (Initials)	Verified (Initials)
\$1 (<i>Ones</i>)				
\$5 (<i>Fives</i>)				
\$10 (<i>Tens</i>)				
\$20 (<i>Twenties</i>)				
\$50 (<i>Fifties</i>)				
\$100 (<i>Hundreds</i>)				
Total:				

All funds shall be deposited in our account and a check issued to the beneficiary at a future GM Meeting to provide a paper trail and tracking of funds through the ICWDC.

Initial Count:

Court Member: _____
Signature
Printed Name

Verification:

Court BOD Member: _____
Signature
Printed Name

PLEDGES

This form is used to log pledges and assist with collection of those pledges:

Name	Amount Pledged	Date Collected

Total Cash and Checks received at event: \$ _____

Total of Pledges Received \$ _____

Total Funds Raised from Event \$ _____