

Activity/Event Final Report Form (Manual Form)

Event Name: _____

Affiliate/Division Name: _____

Date of Event: _____

Return this form to the ACA within 10 days after your event. Signed waivers of all event participants and fees must be sent to the ACA. List names and addresses of all non-ACA members; Names and ACA numbers will suffice for ACA members only. If ACA member does not provide ACA number please list member address. If applicable, also enclose a copy of your event results. Failure to file this report form in a timely manner may jeopardize insurance coverage.

ACA #	NAME	ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____
31. _____	_____	_____
32. _____	_____	_____
33. _____	_____	_____

ACA #	NAME	ADDRESS
34.	_____	_____
35.	_____	_____
36.	_____	_____
37.	_____	_____
38.	_____	_____
39.	_____	_____
40.	_____	_____
41.	_____	_____
42.	_____	_____
43.	_____	_____
44.	_____	_____
45.	_____	_____
46.	_____	_____
47.	_____	_____
48.	_____	_____
49.	_____	_____
50.	_____	_____
51.	_____	_____
52.	_____	_____
53.	_____	_____
54.	_____	_____
55.	_____	_____

EVENT MEMBERS (non-ACA members): _____ \$10 per non-ACA Member
ACA MEMBERS: _____ FREE

TOTAL ENCLOSED: \$ _____

Completed By: _____

Date Completed: _____

You may duplicate this form for additional names as needed. Please submit this form (via mail or fax) along with all signed waivers and event membership fees collected to the address below referencing the above event.

ACA
Attn: Recreation Outreach
7432 Alban Station Blvd., B-232
Springfield, VA 22150
Phone: (703) 451-0141
Fax: (703) 451-2245