



CALIFORNIA
NATIVE PLANT SOCIETY

Event Tracking Form

Name of Event _____ Date of Event _____

Main contact person for this event: _____

This event is Hosted by the Chapter Hosted by a partner organization

Type of event: Plant Sale Educational Program
 Field Trip Workshop
 Work Day Tabling
 Restoration Activity Other _____

Pre Event

Event insurance required? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date request was submitted: _____
Sales event? <input type="checkbox"/> No <input type="checkbox"/> Yes	Seller's Permit obtained <input type="checkbox"/> Insurance obtained <input type="checkbox"/>
Any signed contracts for services/facility? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, with who: _____ W9 submitted to State Office <input type="checkbox"/>	
_____ W9 submitted to State Office <input type="checkbox"/>	

Volunteer/Attendee Information

	In preparation of the event	At the event
Number of Volunteers		
Number of Volunteer Hours		
Number of non-volunteer attendees		

Income/Sales Information

	Cash/Check	Credit Card
Donations		
Taxable Sales		
Tax		
Total Sales		
Other _____		
Other _____		
Total		

Post Event

Date Received Check for Intuit CC reader income from Central Office	
How many new members signed up at the event	
Date these memberships were sent to the Central Office	