



NH Knights of Columbus

State Event Bid Sheet & Contract



New Hampshire State Council Events

Event: (1)

Date of Event: (2) Reservation Deadline Date (2A)

Location of Event: (3)

Address of Event: (4)

Host Council # (5) Contact Person (6)

Contact Tel # (7) Email (8)

Suggested Mass Time and Location: (9)

Menu: (10)
 (10)
 (10)

Host Council will be responsible for the following:

Meal Choice --- Beverages --- Desserts --- Hall Setup & Breakdown

Estimated (Actual) Council Cost per person \$ (11)

This estimated cost is used to calculate ticket pricing.

RESET
Top

STATE COUNCIL USE ONLY BELOW

Note: All proceeds (100%) for a Quarterly Meeting goes to the Host Council

State Council will then subtract expenses from Ticket Sale Income

Host Council will be responsible for the following upon receipt of itemized expenses.:

Cost of Meal - Beverage - Dessert

of Attendance (12) Comp Tickets Qty (13) Total Paying (14)

Ticket Cost P/P (15) Meal expenses: (16)

Total Income (17) Actual Profit: (18)

Host Council: (19)

Comp Meals State Council: (20)

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Upon signatures below, it has been agreed on what each party is responsible for.

Upon signatures below it is in agreement on the sharing of profit from running this event.

Signatures:

Host Council GK or Representative (21) Date: (22)

State Deputy or State Representative (23) Date: (24)

Copies: State Program Director Current Director (25)

Host Council Name or Email (26)

State Council Files Contact Person (27)

FORM INSTRUCTIONS

Local Council Responsibility

State Responsibility

1	Name of Event
2	Date of Event 2A Reservation Deadline Date
3	Location of Event
4	Address of Event
5	Host Council #
6	Contact Info:
7	Tel #
8	Email
9	Suggested Mass Time and Location:
10	Menu:
11	Estimated (Actual) Council Cost per person \$
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12	# of Attendance	Meal Reservations
13	Comp Tickets	State Deputy, Priest, etc
14	Total Paying	Cell (12) minus Cell (13)
15	Ticket Cost P/P - Set by State	Set by the State Council
16	Actual Expenses:	Cell (12) times Cell (15)
17	Total Income	Cell (14) times Cell (15)
18	Actual Profit:	Cell (17) minus Cell (16)
19	Host Council Profit Plus Meal Expenses	Cell (18) times 50% Profit Split
20	State Council Profit	Cell (18) times 50% - Comp Meals

21	Host Council GK or Representative	Signature
22	Date:	Date
23	State Deputy or State Representative	Signature
24	Date:	Date

25	State Program Director Email
26	Council Contact Email
27	State Council Rep Email