

Event Report – County Programs – Internal Only

Date: _____

Submit To: District Office

Primary Contact Information

Agent: _____
(Name of Agent Coordinating Event)

County: _____
(Name of County)

District #: _____ District Code: _____

Event Name: _____

Event Date: _____

Fee Determination

Number of participants _____

Fee per participant _____

(\$10.00 per participant, if participation fee < or = \$100)

(10% per participant, if participation fee > \$100)

Total

Make check payable to "Texas A&M AgriLife Extension Service" in the amount of: _____

Agent Coordinating Event

Signature: _____

Date: _____