

SAWG Accounting Sheet

Date of Class/Activity: _____

Name of Class/Activity: _____

Amount Charged to each Participant: _____

Total Number of Participants: _____

Total Payment to SAWG (25%): _____

Method of Payment: Cash ____ Check ____ Credit Card/Type _____

Submitted by: _____ Date: _____
(Print Name of Instructor/Activity Coordinator)

Signature: _____

Name of each Participant: (Please Print. Use back or another sheet if more space needed.)

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 _____