Western Pennsylvania Ski Council
POST-REPORT

EVENT/TRIP INFORMATION: Title: _____

Dates: _____ Depart Time: _____ Travel: Bus Plane Train
Location: _____
Address: _____
Lodging Nights: _____ Days Skiing: _____ Total Days: _____

Contact: _____ Phone: _____ Company: _____
Address: _____
EVENT LEADER: _____ Phone: _____
Address: _____

Total Attendance: _____ Members: _____ New Guests: _____ Drivers: _____
Non-Skiers: _____ Cancellations: _____ Bus Seats: _____ Air Seats: _____

……INCOME……
Description:
_____ $_____
_____ $_____
_____ $_____
TOTAL INCOME (A) = $_____

……..EXPENSES……
Description: (attach receipts)
_____ $_____
_____ $_____
_____ $_____
_____ $_____
TOTAL EXPENSES (B) = $_____

Profit Loss **TOTAL (Cost) (A – B) = $_____

NOTES:
_____
_____
_____
_____

Postives: _____
Negatives: _____

Respectfully submitted by: _____ Date: _____

WPSC Revised 2025