

MAPSLI

Maritime Association of
Professional Sign Language Interpreters

P.O. Box 2625, Halifax, N.S. B3J 3P7

Fundraising Event Proceeds

Name of Event: _____

Date of Event: _____

List of Revenues	Amount

Total submitted: \$ _____

***Please submit this form with all accompanying materials (if any) to MAPSLI
Treasurer for every Fundraising Event.***

MAPSLI Member: _____
Name Signature Title

Treasurer: _____
Signature

Date Submitted: _____