



Lacombe County Policy RC(2)  
Operating Support of Recreation Facilities  
Annual Reporting Form

Reporting Year: \_\_\_\_\_

Facility (please check): Outdoor Skating Rink  Ball Diamond  Playground   
Skateboard Park  Community Hall – Year Round  Community Hall – Seasonal   
Public Lakeshore Area  Indoor Arena  Curling Rink

Facility Name \_\_\_\_\_

Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone No. \_\_\_\_\_

Contact E-mail Address \_\_\_\_\_

Brief Description of Facility Activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Financial Information:**

Revenue \_\_\_\_\_

Expenditures \_\_\_\_\_

Surplus or Deficit \_\_\_\_\_

Signature of Organization Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return to Lacombe County by May 31<sup>st</sup> of each year