

**MARYLAND VOLKSSPORT ASSOCIATION, INC.
AFTER-ACTION REPORT**

DATE: _____

FROM: _____
(Club)

AVA- _____

MD- _____

AVA Event Number: _____

Date(s) of Event: _____

Location of Event: _____

Circle type of event:

Year-Round (YRE) _____ Quarter	Seasonal (SE) _____ Quarter
_____ Day Walk	_____ Bike
_____ Night Walk	_____ Swim

Please complete this form and mail it with a check payable to the "Maryland Volkssport Association" to the address given below.

		<u>10 KM</u>	<u>5 KM</u>	<u>OTHER</u>
COPY FROM AVA AFTER- ACTION REPORT	Number paid for award	_____	_____	_____
	Number paid for credit only	_____	_____	_____
	Number Non-IVV participants	_____	_____	_____
	TOTAL PAID PARTICIPANTS		_____ 0	
	Less: New Walker Coupons		(_____)	
	TOTAL		_____ 0	
			Multiply by _____ .10	
	SUBMIT \$		<u>_____ 0.00</u>	

SUBMIT FORM AND CHECK WITHIN 7 DAYS (30 for YRE & SE Events) TO:

Kenneth R. Wilson
Treasurer, MVA
6704 Buttermere Lane
Bethesda, MD 20817-1528

• Submitted by: _____
(Club)

(Name) (Date)

• Received by MVA Treasurer: _____
(Name and Date)

For those using an electronic copy of this Form, the Microsoft Excel Application is required. If you have questions, the POC is Richard Long. E-mail: rglongret@verizon.net

DISTRIBUTION: Original to MVA Treasurer and a copy for club records.