

NET PROFIT (LOSS):

USA GYMNASTICS JO EVENTS FINANCIAL REPORT FORM

	EVENT: _	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE OF EVENT:	
SA GYMNASTICS.		
INCOME ENTRY FEES: ADMISSIONS: BANQUET TICKETS: PROGRAM ADS: PROGRAM SALES: CONTRIBUTIONS: CONCESSIONS: MERCHANDISE SALES: TOTAL INCOME:		
EXPENSE		Approximate Number of Spectators:
FACILITY RENTAL: AWARDS: VENUE STAFF AND LABOR: EQUIPMENT RENTAL/SHIPPING: USA GYMNASTICS FEE: TRAINER/MEDICAL: JUDGING FEES: JUDGES' TRANSPORTATION: JUDGE'S HOTEL:		Approximate Number of Banquet Guests:
JUDGES' MEALS/HOSPITALITY: COACHES' MEALS/HOSPITALITY: OFFICE SUPPLIES: DECORATIONS:	-	Meet Director Signature
PAYROLL: CONCESSIONS EXPENSE: AD BOOK OR PROGRAM: BANQUET FEES: MISCELLANEOUS: REFUNDS:	-	Meet Director Address Meet Director Cell Number
TOTAL EXPENSES:		Date Submitted