

# USA GYMNASTICS

## FINANCIAL REPORT

Name of Event Level \_\_\_\_\_

SQM / State \_\_\_\_\_

Date of Event \_\_\_\_\_

Meet Director \_\_\_\_\_

### INCOME:

Admissions: \$ \_\_\_\_\_

Entry Fees: Number of Entries \_\_\_\_\_ x \$ \_\_\_\_\_ (Entry Fee) = \$ \_\_\_\_\_

Sponsor's Contribution / Program Ads \$ \_\_\_\_\_

Concession \$ \_\_\_\_\_

Programs \$ \_\_\_\_\_

Vendors \$ \_\_\_\_\_

**TOTAL INCOME** \$ \_\_\_\_\_

### EXPENSES:

Facility Rental \$ \_\_\_\_\_

Custodial Fees \$ \_\_\_\_\_

Equipment Rental \$ \_\_\_\_\_

USAG Sanction Fee \$ \_\_\_\_\_

State & Regional Meet Tax \$ \_\_\_\_\_

Judge Assigner's Fee \$ \_\_\_\_\_

Judge:

    Fees \$ \_\_\_\_\_

    Transportation \$ \_\_\_\_\_

    Hotel \$ \_\_\_\_\_

    Meals \$ \_\_\_\_\_

Awards \$ \_\_\_\_\_

Duplication of Forms \$ \_\_\_\_\_

Postage \$ \_\_\_\_\_

Phone \$ \_\_\_\_\_

Concession/Programs \$ \_\_\_\_\_

Decorations & Supplies \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ \_\_\_\_\_

**NET PROFIT (LOSS)** \$ \_\_\_\_\_

Signature of Event Director: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Directors please return report to: SACC

RETURN DEADLINE: 6 weeks following the Michigan SQM or State Meet.