

Metropolitan Swimming Income and Expense Report

[Please print or type all information]

Name of Organization _____ Date ____ / ____ / ____
 Sanction # _____ Date(s) _____ Name of Meet _____
 Meet Director _____ Contact Phone _____
 E-mail _____

List all meet income and expenses.

Meet Income		Meet Expenses
Admission	_____	Advertising
Concessions	_____	Awards
Donations	_____	Hospitality
Entry Fees	_____	Custodial Services
Per Swimmer Fees	_____	Equipment Operator(s)
Programs	_____	Facility Rental
Raffles	_____	Lifeguards
Results	_____	Officials
Sponsorships	_____	Postage/Stationery
Vendors	_____	Printing
Other	_____	Sanction Fee(s)
_____	_____	Security
_____	_____	Surcharges to Metro
_____	_____	Telephone
_____	_____	Other
_____	_____	_____
_____	_____	_____

Total Income _____ Total Expenses _____

Submitted by: _____
Print name
Signature

Mail this and Post Competition Report to:
 George Rhein, 7 Beechwood Court, Lake Grove, NY 11755