

Metropolitan Swimming Post Competition Report

[Please print or type all information]

Date ____ / ____ / ____

Name of Organization _____ Meet site _____

Sanction Numbers _____ Date(s) of Meet _____ Number of Sessions _____

Meet Director _____ Administrative Official _____

Meet Referee _____

Was This Meet Full to Capacity? ____ Yes ____ No

Was This Meet Listed as Closed on the Metro Calendar? ____ Yes ____ No

Were any Teams Closed out of this Meet? ____ Yes ____ No If Yes, indicate # of Teams _____

of Metro Teams in this meet _____ # of Out of LSC Teams in this meet _____

ENTRIES Accepted	Teams	Amount	X 20%	Totals
	Host Team Entries	\$	NONE	NONE
	All Other Entries including relays	\$	x 20 % =	\$
	Championships Meet Surcharge	\$	n/a	\$
		\$	Total to Metro	\$

Pay to: Metropolitan Swimming, Inc

Submitted by: _____ [Please print] E-mail _____

e-mail **full Meet Manager Backup** to: Monique Grayson at: monique.grayson@metroswimming.org

Mail or email Reports **within 30 days** of the meet to:

Eric Fisher
104 7th Ave.
Holtsville, NY 11742

Eric.fisher@metroswimming.org

Include the following:

- ___ Surcharge check (or credit card information)
- ___ Income & Expense **and** Post Competition Reports
- ___ Hard copy of Meet Manager Team Fees Report (**run report 1 week prior to Meet**)
- ___ Hard copy of Meet Manager Team Fees Report (**at Conclusion of Meet**)
- ___ **Meet Referee OTS Report** (with official sessions timelines) must be included

Metropolitan Swimming Income and Expense Report

[Please print or type all information]

List all meet income and expenses.

Meet Income

Meet Expenses

Admission		Advertising	
Concessions		Awards	
Donations		Hospitality	
Entry Fees		Custodial Services	
Per Swimmer Surcharge		Equipment Operator(s)	
Programs		Facility Rental	
Raffles		Lifeguards	
Results		Officials	
Sponsorships		Postage/Stationery	
Vendors		Printing	
Other		Sanction Fee(s)	
		Security	
		20 % Surcharge to Metro	
		Telephone	
		Other	
		Per Swimmer Championship Surcharge	

Total Income \$ _____ **Total Expenses** \$ _____