



THIS FORM NEEDS TO BE MAILED ALONG WITH YOUR PAYMENT

Niagara Swimming

Meet Financial Summary

Meet Name _____
 Club / Host _____

Sanction No. _____
 Date(s) _____

Income:	Quantity				
Individual Entries	_____	@	_____	=	_____
Relay Entries	_____	@	_____	=	_____
Surcharge	_____	@	_____	=	_____
Program Sales	_____	@	_____	=	_____
Concessions	_____	@	_____	=	_____
NI Assistance	_____	@	_____	=	_____
Advertisements	_____	@	_____	=	_____
Hotel Rebates	_____	@	_____	=	_____
Fines	_____	@	_____	=	_____
50/50 Split	_____	@	_____	=	_____
Other	_____	@	_____	=	_____
Total Income					_____

Expenses:					
Sanction Fee	_____	@	_____	=	_____
NI Surcharge	_____	@	_____	=	_____
Pool Rental	_____	@	_____	=	_____
Awards (Ribbons)	_____	@	_____	=	_____
Awards (Medals)	_____	@	_____	=	_____
Awards (Trophies/Plaques)	_____	@	_____	=	_____
Concessions	_____	@	_____	=	_____
Hospitality	_____	@	_____	=	_____
Computer Operator	_____	@	_____	=	_____
Timing System	_____	@	_____	=	_____
Printing	_____	@	_____	=	_____
Postage	_____	@	_____	=	_____
Officials	_____	@	_____	=	_____
Fines Paid	_____	@	_____	=	_____
Other	_____	@	_____	=	_____
Total Expenses					_____

Submitted by: _____

Profit / Loss _____

Email Address: _____

Check #: _____

Signed: _____

Please complete form and mail with payment, payable to Niagara Swimming, Inc., to the Administrative Vice-Chairman
Colin Adams
1500 Porterville Rd
East Aurora, NY 14052-9113