

Illinois USA Gymnastics State Financial Report

Name of Event _____ Season/Year _____

Level _____ Location _____

Meet Director _____ Date _____

INCOME:

Entry fee # _____ x fee _____ = _____

EXPENSES:

Facility rental:

Gym :\$ _____ @per hour _____
 (\$15per hr maximum)

Out of House :\$ _____ @per hour ... _____

Custodial fees:

(Out of house only)..... _____

Equipment rental:

(Out of House)..... _____

USA Sanction fee..... _____

JUDGES:

of judges..... _____

of sessions..... _____

Fee..... _____

Transportation..... _____

Motel..... _____

Meals..... _____

Assigning fee..... _____

TOTAL _____

AWARDS:

Rosette s (Level 4) ... _____

Ribbons _____

Medals..... _____

TOTAL _____

Printing costs..... _____

Phone costs..... _____

IL. WPC Competition fee..... _____

Region 5 Competition fee..... _____

Refunds..... _____

Decorations \$1.00/gymnast min. \$2.00/gymnast max..... _____

Operating supplies..... _____

Other _____

TOTAL EXPENSE _____

NET PROFIT/LOSS (State will refund) _____

These funds are used to offset any state series competitions that may have lost money.

This column is purely for information purposes. Thanks

INCOME:

Admission # _____ @ _____ Total _____

State Maximums:

Out house: \$8 adults/\$5 seniors/\$4 children over 5 yrs

In house: \$5 adults/\$5 seniors/\$2 children over 5 yrs for children without an athlete memberships.

All gymnasts **with USAG CARDS** are free

Concessions _____

T-shirts _____

Programs _____

Raffles _____

TOTAL _____

EXPENSES:

Goodie bags _____

Concessions _____

Print Programs _____

T-shirts _____

Raffles _____

Publicity _____

Team entries _____

Sponsor's Contributions _____

TOTAL EXPENSE _____

NET PROFIT _____

Signature of Meet Director: _____

Address _____

Phone: _____

DEADLINE: 6 WEEKS
FOLLOWING EVENT DATE
 (\$25 LATE FEE IF LATE TO ILWPC)

Return to State Chair: Norbert Bendixen and
 appropriate Level Chair; See II. R & P for
 addresses

***Please submit receipts for all expenses. Thank you.**