



DEV PROGRAM EVENTS FINANCIAL REPORT FORM

EVENT: _____

DATE OF EVENT: _____

MEET DIRECTOR: _____

INCOME

ENTRY FEES:
ADMISSIONS:
BANQUET TICKETS:
PROGRAM ADS:
PROGRAM SALES:
DONATIONS:
CONCESSIONS:
MERCHANDISE SALES: _____

TOTAL INCOME: _____

EXPENSE

FACILITY RENTAL:
AWARDS:
VENUE STAFF AND LABOR:
EQUIPMENT RENTAL/SHIPPING:
USA GYMNASTICS FEE:
TRAINER/MEDICAL:
JUDGING FEES:
JUDGES' TRANSPORTATION:
JUDGE'S HOTEL:
JUDGES' MEALS/HOSPITALITY:
COACHES' MEALS/HOSPITALITY:
OFFICE SUPPLIES:
DECORATIONS:
PAYROLL:
CONCESSIONS EXPENSE:
AD BOOK OR PROGRAM:
BANQUET FEES:
MISCELLANEOUS:
REFUNDS: _____

TOTAL EXPENSES: _____

NET PROFIT (LOSS): _____

Approximate Number of Spectators: _____

Number of Athletes _____

Meet Director Signature

Meet Director Address

Meet Director Cell Number

Date Submitted

Please email final report to: For State Championships - the State Administrative Committee
Chairman of your state. For Regional Championships - the Regional Administrative
Committee Chairman of your Region. For Women's Eastern, Western, Dev. Program
Nationals- send to: Christy Naik, USA Gymnastics Women's Development Program Director.
Email: cnaik@usagym.org