



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