



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, DP Nationals- send to: Christy Naik, USA Gymnastics Women's Development Program Director. Email: cnaik@usagym.org