

Division Tournament Revenue/Expense/SafeSport Report Form Season: 2016-2017

Tournament Name: _____
 Tournament Date: ____/____/____
 Tournament Location: _____
 Meet Manager (Must Have Background Check): _____
 Bout Committee Members (Must Have Background Check): _____
 Other Tournament Personnel (e.g., Armorer, etc.) (Must Have Background Check): _____

INCOME	
Total # of Entries:	_____
Registration Fees	
Cash:	\$ _____
Check:	\$ _____
Entry Fees	
Cash:	\$ _____
Check:	\$ _____
Other Income (USFA dues, etc.) <u>SPECIFY BELOW</u>	\$ _____
TOTAL INCOME:	\$ _____
EXPENSES	
Total # of Referees:	_____
Total Referee Payments:	\$ _____
Other Expenses (food, supplies, etc.) <u>SPECIFY BELOW:</u>	\$ _____
TOTAL EXPENSES:	\$ _____
NET INCOME/EXPENSE:	\$ _____

Specify Other Income/Expenses:

Referee Name	Rating	SafeSport Certified?	Under Age 18?	Total # of Days	Payment Amount	Cash/Check	Signature of Referee

Payments made by: Name: _____ Signature: _____ Date: ____/____/____

Form submitted by: Name: _____ Signature: _____ Date: ____/____/____

Please submit this form with all funds to the division as soon as possible.