Division Tournament Revenue/Expense Report Form

Tournament Name: Tournament Date:	/ /			
Tournament Location:				
Meet Manager (Must H	Have SafeSport Certif	ication & Background Check):		
Bout Committee Memb	pers (Must Have Safe	Sport Certification & Background Check):		
Other Tournament Per	rsonnel (e.g., Armore	, etc.) (Must Have SafeSport Certification & Background Ch	neck):	
	INCOME			
		f Entries:		
	Registration Fees			
	Cash:		\$	
		Check:	\$	
	Entry Fe		Ψ	
	Littly i e		.	
		Cash:	\$	
	0.1	Check:	\$	
		come (USFA dues, etc.) <u>SPECIFY BELOW</u>	\$	
	TOTAL INCOME:		\$	
	EXPENSES			
	Total # o	f Referees:		
	Total Re	feree Payments:	\$	
	Other Ex	penses (food, supplies, etc.) SPECIFY BELOW:	\$	
	TOTAL EXPENSE	S:	\$	
	NET INCOME/EXE	PENSE:	\$	
0 1/ 01 1	_			<u> </u>
Specify Other Income/	Expenses:			
				
Payments made bv: N	ame:	Signature: Date://		
,				
Form submitted by: N	ame.	Signature: Date: / /		

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