



CAMP / CLINIC / TOURNAMENT
FINANCIAL REPORT FORM

Coach Submitting this form:

School:

Sport/Activity:

Name of Event:

Date(s) of Event:

Please indicate how you intend to disperse income generated by this event:

BUSINESS OFFICE:

Total amount received from Ryzer for this event: \$

Total # of Participants:

Per Person Registration Fee: \$

Per Person Facility Fee: \$

Total Facility Fee to District: \$

Student Activity Account Code:

Total expenses to be paid from this event (ie t-shirt): \$

Remaining Balance: \$

Please select one:

ALL INCOME will be deposited into our program account *(No Facility Fee Charged)*

Account Code:

INCOME will be split between paying event staff and depositing into our program account *(Facility Fee Charged)*

Total Amount to Program Budget:

Account Code:

Total Amount to Pay Event Staff: \$

ALL INCOME will be paid to event staff *(Facility Fee Charged)*

<i>Processing Fees/Registration</i>	
<i>Participant</i>	<i>DCSD Facility</i>
\$10-\$35	\$1
\$36-\$50	\$1
\$51-\$100	\$2
\$101-\$200	\$4
\$201-\$300	\$6
\$301-\$400	\$8
\$401-\$500	\$10

