

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: \$	Processing Fees/Registration	
Total # of Participants:	<u>Participant</u>	DCSD Facility
	\$10-\$35	\$1
Per Person Registration Fee: \$	\$36-\$50	\$1
	\$51-\$100	\$2
Per Person Facility Fee: \$	\$101-\$200	\$4
	\$201-\$300	\$6
Total Facility Fee to District: \$	\$301-\$400	\$8
	\$401-\$500	\$10
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)

Total amount to be paid to event staff (FICA and IPERS will be taken out of amount listed below):

<u>Name</u>

to be paid to event start (FICA und IPERS will be taken of		
	Amount \$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total amount paid to event staff:	\$	

For Office Use Only

Date financial form received:

Approved by:

Date:

Date submitted to Payroll Department: