

CLUB FINANCIAL REPORT

DATE: _____

To: Treasurer, Central California Swimming, Myron Smith
7601 Golden Rise St
Bakersfield, CA 93313-4303

From:

The following data is submitted to verify monies owed to CCS as a result of our meet held on _____, Sanction # _____. Our meet results have been sent to the Records Chairman per the instructions in the CCS Guide Book.

NUMBER OF ENTRIES (Splashes):

Age Group Meet Individual	_____ X \$.55	= \$ _____
Age Group T & F Meet Ind.	_____ X \$.90	= _____
Senior Meet Individual	_____ X 1.10	= _____
Relay Teams	_____ X 2.00	= _____
Time Trials	_____ X 1.00	= _____

POOL SURCHARGE

Number of swimmers	_____ X 2.00	= _____
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COLORADO TIMING SYSTEM

Number of days (\$50.00 Minimum)	_____ X 25.00	= _____
Operator	_____ X 10.00/hr	= _____

IF USED SEPARATELY

Starting system (\$10.00 per day)	_____ X 10.00	= _____
CCS watches (\$10.00 per day)	_____ X 10.00	= _____

TOTAL DUE CCS: \$ _____

SUBMITTED BY: _____

PHONE: _____

ADDRESS: _____