

Financial Report of a WEVA Event

Event Name: _____ Date: _____ WEVA #: _____

RECEIPTS

	#		\$		TOTAL \$
Teams		@		Each	
Participants		@		Each	
Spectators		@		Each	
		@		Each	
Food Concessions					

Total Receipts: _____

EXPENSES

FACILITY CHARGES	TOTAL \$
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
SERVICE CHARGES	TOTAL \$
Full Time Officials	
Part Time Officials	
Full Time Scorekeepers	
Part Time Scorekeepers	
Tournament Director	
Court Manager(s)	
OTHER EXPENSES	TOTAL \$
Sanction Fee	
Adult Tournament Stipend	
Awards	
Mailing Expenses	
Phone Expenses	
Copying Expenses	
Food Concession Expenses	

Total Expenses: _____

NET RECEIPTS / (EXPENSES): _____

*Financial results are due no later than June 30, 2010. This form is to be completed and sent to the Tournament Coordinator:
 Scott Seabridge 34 Highledge Drive Penfield, NY 14526 585-586-4998*