

**PRIVATE CAMPS/CLINICS/LEAGUES FINANCE
REPORT**

**Please email the following information to the School
Activities Director WITHIN 2 WEEKS after event completion.**

Date(s) of Camp:

Name of Activity:

Director In-Charge Signature:

Income

Participant Fee = \$

times the total # of participants = \$
Please attach a list of participants.

Other Revenue \$ (Please list):

Costs

Facility Cost = \$

Insurance Cost = \$

Staff Cost = \$
Please list names and
amount paid.

Other Costs = \$

Total Income = \$

Total Costs = \$

Total Income minus Total Costs = \$