

Post Camp Financial Report Form

COACHES: The following form must be completed in its entirety and submitted to the Compliance Office. The report must reflect combined revenues and expenditures from all sessions of camp. If necessary, please attach additional information to this form.

Name of Camp Administrator:	Camp/Clinic Name:
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REVENUES

Total Camper Amount Paid by Session:

Total for each session must match total paid figure on Camp/Clinic Registration List.

Session 1 _____ (Line A)

Session 2 _____ (Line B)

Session 3 _____ (Line C)

Session 4 _____ (Line D)

Session 5 _____ (Line E)

Total Camp Registration Fees _____

Less Refunds _____

Total Tuition Revenue _____ (Line 1)

Cash Donations/Sponsorships:

Source	Amount
Total Cash Donations/Sponsorships _____ (Line 2)	

Gifts-In-Kind Received:

(i.e., clothing, meals, etc.)

Source	Amount
Total Gifts-In-Kind _____ (Line 3)	

Concessions:

(sale of t-shirts, food, etc.)

Total Concessions _____ (Line 4)

TOTAL REVENUE _____ (Line 5)

(Add Lines 1, 2, 4)

Gifts-In-Kind (Line 3) should not be included in this total.

EXPENSES

Employee Salaries:

Total for each session must match total salary figure on Camp/Clinic Student-Athlete and Staff Compensation Form.

Session 1 _____ (Line A)

Session 2 _____ (Line B)

Session 3 _____ (Line C)

Session 4 _____ (Line D)

Session 5 _____ (Line E)

Total Employee Salaries _____ (Line 6)
(Line A + B + C + D + E)

Other Expenses:

Total Housing Expenses _____ (Line 7)

Total Meal Expenses _____ (Line 8)

Total University Towers (housing & meals) _____ (Line 9)

Total Insurance Expenses _____ (Line 10)

Total Facility Expenses (i.e., rent, maintenance, etc.) _____ (Line 11)

Total Equipment Expenses (rental or purchases) _____ (Line 12)

Total Printing Expenses _____ (Line 13)

Total Transportation Expenses (i.e., buses, etc.) _____ (Line 14)

Total Merchandise Expenses (i.e., t-shirts, camp store items, etc.) _____ (Line 15)

Internet fees (i.e., cost for credit card charges) _____ (Line 16)

Total Postage Expenses _____ (Line 17)

Total Web Page Fees _____ (Line 18)

Total Bank Fees (i.e., returned checks) _____ (Line 19)

Other: _____ (Line 20)

Other: _____ (Line 21)

Other: _____ (Line 22)

Other _____ (Line 23)

Total Other Expenses (i.e., supplies, entertainment) _____ (Line 24)

TOTAL EXPENSES _____ (Line 25)
(Add Lines 6 through 24)

