

Financial Statement for Competition



 $\hbox{*This form must be submitted with quarterly report to the California State Athletic Commission}^*$

Name of LBC: No	Northern California Association		
Name of Sanction Holder:			
Name of Event:			
Name of Host Organization:			
REVENUE EARNED			
Athlete Entry Fee	\$		
Ticket Sales	\$		
Concession Sales	\$		
Program Sales	\$		
Total Gross Revenue Earned	\$		
LESS EVENT EXPENSES			
Sanction Fee	\$		
Venue Fee/Rental	\$		
Ring/Equipment	\$		
Concessions	\$		
Physician Fee	\$		
Security	\$		
Printing of event programs	\$		
Printing of tickets	\$		
Advertising	\$		
Miscellaneous	\$		
Total Gross Revenue Earned	\$		
Total Proceeds Earned	\$		
I,		ledge and confirm that all representation	S,
Signature:		Date:	
Contact Information for Event Host or Responsible Party			
Address:			
City:	State:	Zip:	
Home Phone: Work Pho	one:	Cell Phone:	
Please return completed form by email to Nor Cal Chief of Officials: cruko@comcast.net or mail to:			

Lydia Razo, Chief of Officials 9194 Sandrine Ct Sacramento, CA 95829