



Booster Club-or PTA-Managed Camps, Classes, Clinics, and Leagues Financial Statement

This financial statement is to be submitted to the Community Use Section within four weeks of the completion of the session. Failure to do so may result in loss of facility use for the next camp, clinic, or league submitted for approval.

| | | |
|------------------------|------------|------------------------------------|
| (Activity) | (Location) | (Inclusive Dates for Session) |
| (PTA, or Booster Club) | | Session _____ of _____ Sessions(s) |

INCOME

| Number of Participants | Fees per Session | Total |
|------------------------|---------------------|-----------------|
| _____ x | _____ = | \$ _____ |
| _____ x | _____ = | _____ |
| _____ x | _____ = | _____ |
| | Subtotal | \$ _____ |
| | Less Refunds | \$ _____ |
| | Total Income | \$ _____ |

EXPENDITURES

| Personnel | Other |
|--|--------------------------------------|
| Name | Title |
| Amount | Amount |
| \$ _____ | Equipment (attach list) \$ _____ |
| | Supplies _____ |
| | Printing _____ |
| | Awards _____ |
| | Postage _____ |
| | Custodial Services _____ |
| | Insurance _____ |
| | Other (please specify) _____ |
| Counselors \$ _____ | |
| Guest Lecturer(s) \$ _____ | |
| Total Personnel Expenses \$ _____ | Total Other Expenses \$ _____ |
| Sent to Financial Services: | Total Expenses \$ _____ |
| Check# _____ Date _____ | Income \$ _____ |
| (attach copy of check and FS-133) | Profit \$ _____ |

I certify that, to the best of my knowledge, the above is a true and accurate accounting for the activity. All obligations have been satisfied.

Name _____ Signature _____
(PTA or Booster Representative—please print)

Phone _____ Date _____ E-Mail _____