



Rhythmic Competition Financial Report

Competition: _____ Date: _____

Meet Director Name: _____

Meet Director Address: _____

Meet Director Phone Number: _____ State/Region: _____

Number of Athletes & Entry Fees:

Rhy Xcel: # of routines _____ x entry fee _____ = Total Xcel Entry Fees: _____
 Level 3: # of Athletes _____ x entry fee _____ = Total Level 3 Entry Fees: _____
 Level 4: # of Athletes _____ x entry fee _____ = Total Level 4 Entry Fees: _____
 Level 5: # of Athletes _____ x entry fee _____ = Total Level 5 Entry Fees: _____
 Level 6: # of Athletes _____ x entry fee _____ = Total Level 6 Entry Fees: _____
 Level 7: # of Athletes _____ x entry fee _____ = Total Level 7 Entry Fees: _____
 Level 8: # of Athletes _____ x entry fee _____ = Total Level 8 Entry Fees: _____
 Level 9: # of Athletes _____ x entry fee _____ = Total Level 9 Entry Fees: _____
 Level 10: # of Athletes _____ x entry fee _____ = Total Level 10 Entry Fees: _____

INCOME

Entry Fees: _____
 Sponsor Contributions: _____
 Concessions: _____
 Program Sales: _____
 Admissions: _____
 Other Merchandise Sales: _____
 Miscellaneous: _____
TOTAL Income: _____

EXPENSES

Facility Rental & Fees: _____
 Equipment Rental: _____
 USA Gym Sanction Fee: _____
 Venue Staff and Labor: _____
 Judging Fees: _____
 Judges Travel: _____
 Judges Lodging: _____
 Judges Food: _____
 Other Hospitality: _____
 Awards: _____
 Concessions Supplies/Food: _____
 Printing: _____
 Misc. Supplies: _____
 Decorations: _____
 Rebate to Region: _____
 Refunds: _____
 Misc. Other: _____
TOTAL Expense: _____
Net Profit (loss): _____

Note: Please attach a copy of your competition directives/advertisement confirming the entry fees and gate/admissions fees and also a copy of the competition results to verify the above amounts.

Signature: _____ Date: _____

Submit to your Regional Chairman within 15 days of your Local/Invitational, State, or Regional event.