

Meet Report: Michigan Local Masters Swimming Committee (MI-LMSC)

Please submit this report within 30 days following the meet to the MI-LMSC Sanctions Officer,
MISanctions@usms.org

Title of Meet _____

Name of Pool _____ Meet Date/s _____

Meet Director _____

Address/City/State/Zip _____

Email _____ Area Code/Phone _____

MEET ENTRIES:

_____ Number of mail-in entries at \$_____ per swimmer	_____ Total number of swimmers
_____ Number of online entries at \$_____ per swimmer	
_____ Number of deck entries at \$_____ per swimmer	_____ Total entry fees collected

FINANCIAL REPORT:

Meet Expenses		Meet Income	
Facility rental	\$_____	Swimmer entry fees	\$_____
Custodial staff	\$_____	Sponsors	\$_____
Officials	\$_____	Donations	\$_____
Timing system operator	\$_____	Other _____	\$_____
Lifeguard	\$_____	Other _____	\$_____
Sanction/recognition fee	\$_____	Total Income	\$_____
Other _____	\$_____	Net Profit	\$_____
Other _____	\$_____	Net Loss	\$_____
Total Expenses	\$_____		