

Central California Athletic League
Appendix G

CCAL EVENT INCOME AND EXPENSES

Event: _____
Location: _____ **Host School** _____
Date: _____

Income	Number	Cost	Total
Ticket Sales:			
Adult	_____	@ _____	\$ _____
Student/Child	_____	@ _____	\$ _____
Total Gate Receipts:			\$ _____
Total Income:			\$ _____
Expenses:			
Site Director			\$ _____
Total Payroll (attach payroll sheet)			\$ _____
Other Expenses (attach itemized list)*			\$ _____
Security			\$ _____
Officials			\$ _____
Total Expenses:			\$ _____
Net:			\$ _____
Adjust Net:			\$ _____

Signature of person submitting form: _____
Phone Number and School: _____
Date submitted: _____

Received By League Commissioner _____ **date:** _____