

WISCONSIN SWIMMING, INC.
MEET FINANCIAL STATEMENT

(For Meets other than Regional, State Championship or another LSC Awarded Meet)

Instructions: Club conducting Meet. 1. Complete information for the Meet. 2. Make check payable to Wisconsin Swimming, Inc. in the amount of the Travel Fund contribution and the Splash Fee. 3. Send check and original of this Meet Financial Statement to Wisconsin Swimming's Treasurer within (21) days of the Meet. 4. Send a copy of this Meet's Financial Statement to Wisconsin Swimming's Administrative Chairman also within twenty-one (21) days of the Meet.

Host _____ Meet _____ Meet _____
Club _____ Sanction # _____ Date(s) _____

MEET ENTRIES

Individual _____ x Entry Fee \$ _____ x% = \$ _____ (1)

Relays _____ x Entry Fee \$ _____ = \$ _____

SPLASH FEE

Swimmers Entered in at least one
Individual Event _____ x **\$2.00 = \$ _____ (2)
(**Beginning January 1, 2011)

WISCONSIN SWIMMING, INC. PAYMENT (Total of # 1 and 2 above) \$ _____

Check Number _____

Completed By _____ Position _____
Please Print

Signature _____ Telephone(_____) _____ Date _____

Email Address _____

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1. Travel Fund Contribution: Remit to Wisconsin Swimming
5% of total individual event fees 0 - \$2.00
10% of total individual event fees \$2.01 and above
Quality meets = 5% of individual event fees.
 2. Splash Fee: Remit to Wisconsin Swimming 100% for Splash Fee collected..