



ILLINOIS SWIMMING, INC.
EVENT FINANCIAL REPORT
 PLEASE FILL OUT ALL SECTIONS COMPLETELY

HOST CLUB: _____ CLUB CODE: _____

MEET DIRECTOR: _____ E-MAIL ADDRESS: _____

MEET REFEREE: _____ E-MAIL ADDRESS: _____

NAME OF EVENT: _____

DATES OF EVENT: _____ LOCATION OF EVENT: _____

MEET CLASSIFICATION

SANCTIONED

APPROVED

SANCTION or APPROVAL NUMBER ASSIGNED TO MEET BY ILLINOIS SWIMMING: _____

ALL INFORMATION FOR CALCULATION IS TO BE TAKEN FROM THE TOTALS LISTED IN YOUR **PRE-MEET** PSYCH SHEET BEFORE SCRATCHES. THE HY-TEK MEET MANAGER PROGRAM GENERATES A **PRE-MEET** ENTRY REPORT TO SIMPLIFY THIS PROCEEDURE.

A) # OF INDIVIDUAL ENTRIES _____ X INDIVIDUAL EVENT ENTRY FEE = \$ _____

B) # OF RELAY ENTRIES _____ X RELAY EVENT ENTRY FEE = \$ _____

C) **EVENT ENTRY FEES % DUE = 12% OF \$ TOTALS FROM LINE A AND LINE B = \$ _____**

D) # OF SWIMMERS ENTERED _____ X \$2.00 ISI SURCHARGE = \$ _____

TOTAL OF LINES C AND D = \$ _____

PLEASE RETURN THIS REPORT BY THE APPROPRIATE DEADLINE ALONG WITH A CHECK PAYABLE TO:
 ILLINOIS SWIMMING.

ILLINOIS SWIMMING
1400 E TOUHY AVENUE SUITE 245
DES PLAINES, IL 60018

PLEASE CONTACT THE ISI OFFICE IF YOU HAVE ANY QUESTIONS:
 PHONE: 847/824-1596 E-MAIL: ILSWIMOFFICE@SBCGLOBAL.NET

PLEASE MAKE SURE A HYTEK MEET MANAGER BACK UP ZIP FILE OF THE FINAL RESULTS HAS BEEN EMAILED TO THE ABOVE EMAIL ADDRESS IMMEDIATELY FOLLOWING THE FINAL DAY OF THE MEET.

The undersigned certifies that the information provided is accurate and factual.

AUTHORIZED CLUB REPRESENTATIVE: _____ DATE: _____

(SIGNATURE)