



Financial Statement for Competition



*This form must be submitted to your LBC President within 10 working days after the sanctioned event
Failure to comply will result in a 3-month delay of your next sanction.
This rule will be strictly enforced. No exceptions!!!*

Name of LBC:	Northern California Association
Name of Sanction Holder:	
Name of Event:	
Name of Host Organization:	
Ringside Physician(s):	
Ambulance Service on Site:	
Chief of Officials:	

REVENUE EARNED		NOTES
Athlete Entry Fee	\$	
Ticket Sales	\$	
Concession Sales	\$	
Program Sales	\$	
Total Gross Revenue Earned	\$	
LESS EVENT EXPENSES		NOTES
Sanction Fee	\$	
Venue Fee/Rental	\$	
Ring/Equipment	\$	
Concessions	\$	
Physician Fee	\$	
Security	\$	
Printing of event programs	\$	
Printing of tickets	\$	
Advertising	\$	
Miscellaneous	\$	
Total Gross Revenue Earned	\$	
Total Proceeds Earned	\$	

I, _____, hereby acknowledge and confirm that all representations, financials and totals shown on this form are correct.

Signature: _____ Date: _____

Contact Information for Event Host or Responsible Party

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please email completed form to LBC President, Robert Rodriguez: oaklandboxing@gmail.com