



Financial Statement for Competition

This form must be submitted to your LBC President within **10 working days** after the sanctioned event



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 return completed form by email to LBC President, Robert Rodriguez: oaklandboxing@gmail.com or mail to:

Robert Rodriguez, LBC President - 2074 Hillside Drive - San Leandro, CA 94577