

Post Meet Wrap-Up

(No later than 30 days following competition)

ALL Final Accounting Forms and Payments need to be sent to:

Jamie Cahn

1819 Thornton Ridge Road
Baltimore, MD 21204

***Checks made payable to MARYLAND SWIMMING.**

- ◆ **Payment**
- ◆ **Accounting Form Attached**
- ◆ **Report from Meet Manager:**
 - Reports -> Teams -> Athlete/ Entry Count -> Create Report
 - Calculate Entry Fee Totals: INDIVIDUAL & RELAYS
 - Calculate Payment to MD Swimming: Total Entry Fees x 20%

ALL post meet information needs to be sent to:

Pat Underwood

7383 Brangles Road
Marriottsville, MD 21104

- ◆ **Copy** of Accounting Form & Check
- ◆ Final Meet Results
- ◆ Meet Manager Back-UP

ALL MM Back-Ups & TM Results need to be sent to:

Chris Kaplan: webmaster@mdswim.org

Fred Manning: times@mdswim.org

MARYLAND SWIMMING, INC.
MEET EXPENSE ACCOUNTING FORM
SHORT FORM

(TO BE USED WHEN NO WAIVERS OF FEES ARE REQUESTED)

MEET NAME: _____

DATE OF MEET: _____

HOST CLUB: _____

LOCATION: _____ PHONE #: _____

ENTRY FEE RECAP:

INDIVIDUAL EVENTS: _____ X \$ _____ = \$ _____
OF ENTRIES ENTRY FEE TOTAL IND. FEES

RELAY EVENTS: _____ X \$ _____ = \$ _____
OF ENTRIES ENTRY FEE TOTAL RELAY FEES

TOTAL ENTRY FEES: \$ _____
TOTAL ENTRY FEES

FEES DUE MARYLAND SWIMMING:

TOTAL ENTRY FEES: \$ _____

MD SWIMMING SURCHARGE: X .20

TOTAL MD SWIMMING SURCHARGE: \$ _____

SANCTION FEE: \$ 30.00

EQUIPMENT RENTAL CHARGE: \$ _____
(REFER TO MEET PROCEDURE BOOKLET)

OVER SUBSCRIPTION FEES: \$ _____
(REFER TO MEET PROCEDURE BOOKLET)

TOTAL FEES DUE TO MARYLAND SWIMMING: \$ _____

This completed form is an accurate accounting for this meet.

This form was prepared by:

Print Name: _____ Signature: _____ Date: _____

Address: _____ Phone Number: _____

NOTE: See Section VII of the Maryland Swimming Meet Procedure Handbook for the additional information that must be submitted with this form.