

# 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:  $\frac{\text{_____}}{\text{\# OF ENTRIES}} \times \frac{\$}{\text{ENTRY FEE}} = \frac{\$}{\text{TOTAL IND. FEES}}$

RELAY EVENTS:  $\frac{\text{_____}}{\text{\# OF ENTRIES}} \times \frac{\$}{\text{ENTRY FEE}} = \frac{\$}{\text{TOTAL RELAY FEES}}$

TOTAL ENTRY FEES:  $\frac{\$}{\text{TOTAL ENTRY FEES}}$

### FEES DUE MARYLAND SWIMMING:

TOTAL ENTRY FEES: \$ \_\_\_\_\_

MD SWIMMING SURCHARGE: \_\_\_\_\_ X .20

TOTAL MD SWIMMING SURCHARGE: \$ \_\_\_\_\_

SANCTION FEE: \$ \_\_\_\_\_

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.