



DAWSON CREEK MINOR HOCKEY ASSOCIATION MONTHLY REPORT

To be submitted to the VP of Administration, Association Head Manager & Office Manager no later than the 15th of the following month

Month: _____

Division/Team _____
(i.e: U11 Team 2)

Team Manager: _____

Team Treasurer: _____

Bank Account Info: ☐ Chequing ☐ Fundraising

Account Number: _____

Starting Account Balance: _____

Ending Account Balance: _____

TEAM REVENUE

DESCRIPTION (i.e: Rep Fees, Tournament Fees)

Parent Fees: _____

Player Sponsor Funds: _____

Sponsorship: (from where) _____

Home Game 50/50 (must have approval & BC Gaming License) _____

Fundraiser - (must have approval - state which fundraiser - separate line for each)

Fundraiser _____

Fundraiser _____

Fundraiser _____

Other (state what it is) _____

**TOTAL
MONTHLY
REVENUE:** _____

TEAM EXPENSES

****Please list expenses clearly (tournament fees, bank fees, ref fees etc.)**

**TOTAL
MONTHLY
EXPENSES:** _____

I hereby certify that the information provided in this financial report is true, accurate, and complete to the best of my knowledge.

Name: _____

Date: _____

Signature: _____

Title: _____