

United States Amateur Boxing, Inc.

Financial Statement For Competition



Name of Host Organization _____

Name of Event _____ Date _____

TICKETS

Number of \$ _____ Tickets sold _____ Income \$ _____

Number of \$ _____ Tickets sold _____ Income \$ _____

Number of \$ _____ Tickets sold _____ Income \$ _____

Total Gate: \$ _____

CONCESSION SALES \$ _____

PROGRAMS

Number of Programs sold..... _____ Income \$ _____

Advertising Sales..... _____ Income \$ _____

Total Program Income: \$ _____

Grand Total of Revenue: \$ _____

LESS GUARANTEE TO LOCAL BOXING COMMITTEE (if applicable) \$ _____

REMAINING BALANCE.....\$ _____

LESS APPROVED EXPENSE (attach itemized list.....\$ _____

TOTAL PROCEEDS TO BE DISTRIBUTED between

Sponsor and _____ \$ _____

Verified by _____
Signature of Person Responsible

Address _____

City _____ State _____ Zip _____

Phone H:() _____ O: () _____