

# Swimming & Diving Regional Championships

## NCHSAA Financial Report

In order to better provide accountability of expenses, the following form has been developed. The meet director is responsible for completing this form and returning it within 10 days to:

NCHSAA  
Attention: Gary Cavanaugh  
P.O. Box 3216  
Chapel Hill, NC 27515

Event: Regional Swimming and Diving

Site: \_\_\_\_\_

Classification/Region: \_\_\_\_\_

Date: \_\_\_\_\_

**Total Expenses (MAX \$500):** \$ \_\_\_\_\_

\*Please attach itemization with receipts

Director's Signature	School	Date
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Check made payable to: \_\_\_\_\_