



Team Financial Statement

3455 Fairview Street, Burlington, ON L7N 2R4
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Division: _____ Team Sponsor: _____ Team Number: _____

Coach: _____ Telephone: _____

Parent Rep: _____ Telephone: _____

INCOME No Funds Collected

Money collected from players – \$ _____ per player x _____ players = \$ _____

Other sources of income
From _____ Amount \$ _____

From _____ Amount \$ _____

DISBURSEMENTS

Ice Rental – Total Cost: \$ _____

Arena	Date	Cost	Arena	Date	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Team Expenses

\$ _____ Total

Expense Details

Date	Event	Cost	Date	Event	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Disbursements \$ _____

Outstanding Cheques Issued _____

Net surplus* or deficit \$ _____

Cash on hand \$ _____

Bank balance \$ _____

*Surplus must be supported by cash on hand or bank deposits.

This form must be submitted to the BLOMHA office on or before January 30 each season regardless if any funds were collected.

Team Official Signature _____ Date _____