

OHIO SWIMMING, INC.  
 REPORT ON SANCTIONED EVENT  
 FINANCIAL REPORT FOR OSI TREASURER

SANCTION NUMBER \_\_\_\_\_ OH

MEET HOST: \_\_\_\_\_

NAME OF MEET: \_\_\_\_\_

DATE: \_\_\_\_\_

**FINANCIAL REPORT: ALL CHECKS (AND THIS FORM) ARE TO BE MAILED WITHIN 14 DAYS OF THE LAST DAY OF THE MEET TO:**

**Treasurer  
 Chris Wolford  
 5020 B College Corner Pike  
 Oxford, Ohio 45056  
 (P) 513/523-2181 x 230  
 (F) 513/523-0575**

|  |                   |
|--|-------------------|
| Total Entry Fees Received:                             | \$                |
| 3% of Total Entry Fees (above):                        | \$                |
| <b>Balance Due Ohio Swimming (not less than zero):</b> | \$ (Check to OSI) |

Separate remittance for the below must be made to:

|   | # Of Swimmers | Ohio LSC Fee         | Total Due |
|---|---------------|----------------------|-----------|
| <b>Ohio Swimming Inc, Site Selection Fund</b> |               | @ \$1.00 per swimmer | \$ .00    |
| <b>Ohio Swimming Inc, Travel Fund</b>         |               | @ \$1.00 per swimmer | \$ .00    |

**I hereby certify that remittances as computed above are enclosed with this report and are true and accurate:**

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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