



Nanaimo Minor Hockey Association

Telephone: (250) 758-0833
Facsimile: (250) 758-5099
EMAIL: nanaimomha@shaw.ca
WEBSITE www.hockeynanaimo.com

MONTHLY REPORT COMPETITIVE TEAM COORDINATOR/TREASURER SUBMIT TO NMHA CLUBHOUSE

TEAM/DIVISION: _____ MONTH: _____

OPENING BALANCE \$ _____

REVENUE(This month)

Sponsorships – Name _____ \$ _____

Donations – Name _____ \$ _____

Coffee & 50/50 _____ \$ _____

Fundraising – Event _____ \$ _____

Other _____ \$ _____

Subtotal **REVENUE** - +\$ _____

Less PCETF – Provincial Championship Emergency Travel Fund
10% of REVENUE (attach cheque-payable to NMHA-PCETF) -\$ _____

REVENUE (This month) PCETF not applicable

Parent contributions (ie. start up funds) \$ _____

Rep Fees collected from parents \$ _____

Subtotal(non PCETF) **REVENUE** +\$ _____

EXPENSES(This month)

Telephone \$ _____

Tournament fees \$ _____

Rep Fees pd to NMHA \$ _____

Other(list) \$ _____

TOTAL EXPENSES -\$ _____

CLOSING BALANCE \$ _____

I certify that this information as presented is correct.

Sign & print name

Date

