

HMDC CLINIC/SCHOOLING SHOW BALANCE SHEET

Date of Event: _____ Location: _____

Clinician or Judge: _____

Clinic/Show Manager: _____

RECEIPTS

NAME	AMOUNT PAID	CHECK #	# LESSONS/RIDES	CLINICIAN FEE
TOTAL RECEIPTS:			LESSON FEES:	

TOTAL RECEIPTS: \$ _____

EXPENSES:

Insurance (____ day(s) @ \$44/day) \$ _____

Arena Fee (____ day(s) @\$ ____/day) \$ _____

Clinician – Lesson Fees (see above) \$ _____

Clinician – Expenses \$ _____

Other _____ \$ _____

_____ \$ _____

TOTAL EXPENSES: \$ _____

NET PROFIT OR LOSS: \$ _____