

# Cross Country 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

Sport: \_\_\_\_\_

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

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

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

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

\*Please attach itemization with receipts

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
School

\_\_\_\_\_  
Date