





STATEMENT OF RECEIPTS & PAYMENT FORM

PLEASE COMPLETE IN BLACK INK USING BLOCK LETTERS

Competition Delete as necessary			r Cup	County Semi-l	inal	County Final	
DATE OF MATCH:				ROUND:			
ATTENANCE: Paying +			plimentary	= Total			
	Min c	harge Adults £2.	00 S/Citizens 8	& Children £1.00			
CEIPTS	£	Р	ALLOWABL	E EXPENSES		£	P
@ ults	=		Match Offic	ial Fees	=		
@ litizens	=		Ground Exp (max £		=		
@ ldren	=		Visiting Clul @ £1	os Expenses 35 per mile	=		
Tot	al =		Floodlights (max	£75.00)	=		
			Stewards (a	s per Rule D(i)(6)	=		
				Total	=		
	В	ALANCE FOR	DISTRIBUTI		£		P
ofit							
oss (Shared)							
oss							
isiting Club receive tra ess their ½ (half) of lo							
	irman / Secretary / Treasurer						
Dated						SHEET DIST	RIBUTION
						1 copy – W	iltshire F <i>F</i>