

NYCHA YOUTH CLINIC PROFIT & LOSS

Affiliate Name _____ **Youth Clinic Dates:** _____

Income

Students fee

Donations

Sponsorship

Other

Total=

Expenses

Show membership fee

Venue hire fee

Instructor fees

Instuctor accom

Catering

Cattle hire

PA hire

Other

Total=

Note : Your Affiliate is responsible for ALL Non NCHA/NYCHA members to fillout Show member form # Non members paid -

NCHA will invoice your Affiliate for these Show membership fees.

After NCHA office receives your NYCHA Ledger & Profit & Loss accountability form , NYCHA will pay y

Affiliate Name:

Banking details:

Signed : _Show Secretary_____

NYCHA

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, and collect the fee \$35/student (for insurance cover) before these students ride a horse at the Clinic

