

## Adirondack Swimming/USA Swimming After Meet Procedures

**After your Sanctioned Meet is over, follow these guidelines;**

1. Check over the Meet Manager file for completeness and accuracy.  
**Do Not Rush to send the file the evening of the meet. Take a day or two to look it over carefully and then send an accurate and final file.**
  - A. Make certain all populated events are "Done" or "Scored"
  - B. Be sure all relays include all 4 swimmer's names.
  - C. If any events were scratched, because of the 4 hour session rule, be certain all of the entries from these events are removed.
  - D. If a team notified you, before a meet, to remove any swimmers, be certain to do so or you will be charged for their entries.
  
2. Make a Backup of the Meet Manager file and send to the AD Sanction Chair.  
**This backup is the Official Meet File and will be used to generate All reports, Result Files, SWIMS Load of Times and used to calculate the AD Fees Due.**
  
3. Within 30 days of the last day of the meet (AD Policy);
  - A. Generate a Meet Manager Report to use to calculate the AD Fees Due.  
**use ... Reports -> Teams and check the "Athlete/Entry Count" option**  
Fees due are as follows;  
\$2.00 per Athlete + \$1.00 per Relay + \$ 0.50 per Individual Entry
  - B. Send the Athlete/Entry Count Report and the fee to the Sanction Chair.  
TEAM Check made out to "Adirondack Swimming"

Please be certain to remember, meet fees received late, past 30 days, are subject to a fine of 5% of the total due with a \$50 minimum fine. The fine applies for every 30 day period payments are late. Fine at 60 days is 10%, min \$100, at 90 days, 15%, min \$150, etc.
  
4. Within 45 days of the last day of the meet (USA Swimming Policy);
  - A. Complete the "Meet Financial Statement" (below) and mail or scan and email to the AD Sanction Chair.

If you choose to send the Meet Financial Statement, along with the meet fees, be sure to do so within 30 days of the meet and remember to include the Athlete/Entry Count report.

This form may be printed and filled in by hand or filled in on your computer, printed for your records and saved for emailing to the AD Sanction Chair.

# ADIRONDACK SWIMMING, INC. MEET FINANCIAL STATEMENT

Swim Team Name: \_\_\_\_\_ Sanction Number: \_\_\_\_\_

Meet Date (s): \_\_\_\_\_ Meet Name: \_\_\_\_\_

Type of Meet (X):  Developmental  Invitational  Championship  Other (specify): \_\_\_\_\_

Meet Director: \_\_\_\_\_

Full Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Pursuant to USA Swimming, Inc. 202.2.10, all Adirondack LSC teams hosting sanctioned meets must comply with the following:

**The Organization will send a check payable to “Adirondack Swimming, Inc.” to the Adirondack Sanction Chair, within 30 days after the meet, for Travel Fund Surcharges. The travel fund assessment is \$0.50 per individual entry, \$1.00 per relay entry, and \$2.00 per swimmer entered in the meet. A fine of 5% of the total surcharges (\$50 minimum) per 30 days will be charged for late payments.**

**Attach Meet Manager Report - “Reports -> Teams -> Athlete/Entry Counts” to Determine Surcharges**

The organization receiving a sanction will file, within 45 days after the event, a financial statement setting forth all receipts and disbursements in connection with the sanctioned event. Send the meet financial statement to the AD Sanction Chair.

The organization receiving a sanction will furnish, within 15 days after written request, all receipts and vouchers related to the sanctioned meet.

No sanction to hold any athletic event of any kind shall thereafter be issued to an organization that has failed or refused to file with Adirondack Swimming, Inc. any statement or affidavit required under any subdivision of 202.2.10, until the statement or affidavit is filed, or until such time Adirondack Swimming may determine.

### BE CERTAIN TO INCLUDE AN ATHLETE/ENTRY COUNT REPORT FROM MEET MANAGER TO VERIFY COUNTS

Number of Individual Entries	_____	X \$ 0.50	=	\$ _____
Number of Relay Entries	_____	X \$1.00	=	\$ _____
Number of Participating Swimmers	_____	X \$2.00	=	\$ _____
Over Session Time Fine (\$250 per each 15 minutes over 4 hour limit)			=	\$ _____
Late Fees (5% with a \$50 minimum for every 30 days past due)			=	\$ _____
Total Surcharges				\$ _____**

### SURCHARGES ARE DUE WITHIN 30 DAYS OF MEET ...

\*\* Make check payable to **Adirondack Swimming, Inc.** for the “Total Surcharges” and mail it to AD Sanction Chair;

Bill Faucett      Adirondack Swimming, Inc  
4 Edwin Drive  
Charlton, NY 12019

**Complete all the following items with currently available information.** Please estimate to the best of your ability for those items that you do not have final information. Do not hold up reports beyond the established 45 days after the event for exact figures. Estimates that are found to be 10% or more above or below after you secure your final information should be corrected as soon as the information becomes available and an updated form should be submitted.

**MEET REVENUE AND EXPENSES STATEMENT:**

**Revenue:**

Entry Fees \_\_\_\_\_  
 Program Sales \_\_\_\_\_  
 Program Advertisement \_\_\_\_\_  
 Food Sales \_\_\_\_\_  
 Equipment Sales (shirts, caps, etc.) \_\_\_\_\_  
 Vendor Concession Commission \_\_\_\_\_  
 Sponsorship \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
  
**Total Revenue** \_\_\_\_\_

**Expenses:**

Sanction/Bid Fee \_\_\_\_\_  
 Total Surcharges (above) \_\_\_\_\_  
 Program Costs \_\_\_\_\_  
 Awards (medals, plaques, etc.) \_\_\_\_\_  
 Timing System \_\_\_\_\_  
 Facility Rental \_\_\_\_\_  
 Other Equipment Rentals \_\_\_\_\_  
 Custodians \_\_\_\_\_  
 Security \_\_\_\_\_  
 Computer and Meet Supplies \_\_\_\_\_  
 Hospitality \_\_\_\_\_  
 Equipment Costs (shirts, caps, etc.) \_\_\_\_\_  
 Coaches' Salaries (\* See Note) \_\_\_\_\_  
 Other \_\_\_\_\_  
  
**Total Expenses** \_\_\_\_\_

**NET REVENUE or LOSS: \$** \_\_\_\_\_

\* Note: For Coaches Salaries, Do NOT Include Regular Salary for Full Time Coaches. Include Specific Coach Salaries paid to attend meet and any Overtime Salaries paid to Full Time Coaches to attend meet.

**COMPLETED BY:** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_