

**EAST ALLEN COUNTY SCHOOLS  
FINAL REPORT OF ATHLETIC CLINICS OR PRIVATE LESSONS**

Name of Clinic \_\_\_\_\_

Location \_\_\_\_\_

Dates \_\_\_\_\_

Times \_\_\_\_\_

Facilities Used \_\_\_\_\_

Hours of Instruction per participant \_\_\_\_\_

Instructor's Total Hours of Instruction \_\_\_\_\_

**ACTUAL INCOME**

Enrollment \_\_\_\_\_

Fee Per Participant \_\_\_\_\_

Total Income \_\_\_\_\_

**ACTUAL EXPENSES**

Student Insurance Cost \_\_\_\_\_

Liability Bond \_\_\_\_\_

(Single Limit of Liability Amount of \$500,000)

Aides or Assistants \_\_\_\_\_

Custodial Pay \_\_\_\_\_

Rental if Required \_\_\_\_\_

Other (Itemize) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Expenses \_\_\_\_\_

Total Income \_\_\_\_\_

Less Expenses \_\_\_\_\_ = \_\_\_\_\_

Instructor Hours      Hourly Rate

**\*Please note reference - Regulation 1330**

- Insurance must be provided by instructor.
- Clothing and awards are not to be included in clinic fees.
- Clinics will be available to all students of any given age group.

\_\_\_\_\_  
Instructor's Signature      Date \_\_\_\_\_

\_\_\_\_\_  
Building Principal's Signature      Date \_\_\_\_\_