

Club Crabtownes, Inc.

Adjustments to Income

Title:	Report Date:
Date(s):	Phone:
Leader:	e-mail:

1. Dues Paid (attach additional sheets, if necessary)

Name	Phone No.	Amount Paid	Membership form completed (Y / N)
a.			
b.			
c.			
Total Dues Collected (sum of above + any additional sheets)			

2. Non-Member Fees Paid (attach additional sheets, if necessary)

Name	Phone No.	Amount Paid
a.		
b.		
c.		
Total Non-Member Fees Collected (sum of above + any additional sheets)		

3. Participant Refunds (attach additional sheets, if necessary)

Name:	Amount paid by participant:	
Address:	Cancellation fee:	
Amount retained to cover expenses:		
Phone No.:	Treasurer Use Only Check # / Date	Refund amount:
Name:		
Address:		
Phone No.:	Treasurer Use Only Check # / Date	Refund amount:
Refund Totals (sum of above + any additional sheets)		a. Total Cancellation Fees:
b. Total Amount Retained:		c. Total Amount Refunded:

4. Totals

Total Adjustments (Line 1. + Line 2. + Line 3c.)	Enter here and on Final Report, Line 3c.
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Treasurer Use Only Date Received:	Date Completed:	
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