



NAIA

2007-08 NAIA BASKETBALL AFFILIATED CONFERENCE TOURNAMENT FINANCIAL SUMMARY

President/Commissioner: _____

Affiliated Conference: _____ Division I II Gender M W

Total number of games and/or sessions: _____

1. **TOTAL INCOME:** \$ _____
(From all 2007-08 affiliated conference tournament games/sessions)

2. **TOTAL EXPENSES:** \$ _____
(From all 2007-08 affiliated conference tournament games/sessions)

3. **NET INCOME (DEFICIT):** \$ _____
(From all 2007-08 affiliated conference tournament games/sessions)

4. **DISTRIBUTION TO NATIONAL TOURNAMENT QUALIFIERS:** \$ _____

Team Name: _____ Amount of Reimbursement: _____

Team Name: _____ Amount of Reimbursement: _____

Team Name: _____ Amount of Reimbursement: _____

Team Name: _____ Amount of Reimbursement: _____

I certify that the above affiliated conference financial information is accurate and complete.

Signature – President/Commissioner

Date

Mail one copy of this form for receipt no later than May 1, 2008 to:

Lori Thomas
Director of Championships
NAIA National Office
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Kansas City, MO 64106
lthomas@naia.org or fax 816-595-8200