

**Crabtowne Skiers, 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.:   | <b>Treasurer Use Only</b> Check # / Date | Refund amount:              |
| Name:  |  |                             |
| Address:   |  |                             |
| Phone No.:   | <b>Treasurer Use Only</b> 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. |
|--|--|

|  |                 |  |
|--|-----------------|--|
| <b>Treasurer Use Only</b> Date Received: | Date Completed: |  |
|--|-----------------|--|