

TOURNAMENT GAME REPORT
Michigan Association of Christian Schools

Host School: _____
Street Address: _____
City, Zip: _____
School Phone # _____ A.D. Phone # _____

Date Played:

Income:

Income Type	Dollar Amount

Total Income \$ _____

Expenses:

Expense Type	Dollar Amount

Total Expenses \$ _____

MACS Grand Total \$ _____

Please make checks payable to MACS and mail to the following address:
MACS
7306 E. Atherton Rd.
Davison, MI 48423