

LOUISVILLE BRIDGE CLUB

Club Director Monthly Report Form

Director Name: _____

Report For Month: _____

Year: 20 _____

	DATE	# OF TABLES	SPECIAL EVENT	OPEN OR RESTRICTED	DIRECTOR NAME
Day of Week	WEEK 1 ____/____/20____				
Time of Day	WEEK 2 ____/____/20____				
Sanction #	WEEK 3 ____/____/20____				
	WEEK 4 ____/____/20____				
	WEEK 5 ____/____/20____				

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	WEEK 5 ____/____/20____				

Total Number of Tables _____ Times \$ 9.00 per table = \$ _____ Rent
 Total Number of Tables _____ Times \$.65 per table = \$ _____ ACBL
 Total Number of Games _____ Times \$ 1.25 per game = \$ _____ ACBL
 Total Owed \$ _____ Total