



**CNC REGION ASSESSMENT DAY EXPENSE FORM**

Please complete and return this form for assessment days held at your Club. Please return this form to the Judges Bureau Rep even if you have no expenses to report. **Provide any supporting documentation/invoices necessary.**

Date of Assessments \_\_\_\_\_ Host Club \_\_\_\_\_

**TOTAL NUMBER OF ASSESSMENTS:** \_\_\_\_\_ **TOTAL NUMBER OF ASSESSMENTS PARTNERED:** \_\_\_\_\_

**TOTAL NUMBER OF DANCE PRACTICE ICE SKATERS** \_\_\_\_\_

**EXPENSES INCURRED:**

**PART A – JUDGES EXPENSES**

TRAVEL: Air/Bus/Train \_\_\_\_\_ Ferry/Taxi \_\_\_\_\_ # of KM \_\_\_\_ @ 48¢/KM = \_\_\_\_\_

HOTEL: # of nights \_\_\_\_\_ @ \$ \_\_\_\_\_ per night = \_\_\_\_\_ MEALS: \_\_\_\_\_ GIFTS: \_\_\_\_\_

**PART B – GENERAL COSTS**

TESTING ICE: \_\_\_\_\_ TELEPHONE/COPYING: \_\_\_\_\_ OTHER (specify) \_\_\_\_\_

For all Assessment Days, add **PART A** and **PART B** amounts together = \_\_\_\_\_ **C**  
 For CNCR Centralized Assessment Days take **C** above \_\_\_\_\_ subtract **\$500.00** to get \_\_\_\_\_ **D**  
 After the above calculations are completed take either **C** or **D** and divide by the number of assessments.  
 For **C** = \_\_\_\_\_/per test For **D** = \_\_\_\_\_/per test

**PART E – DANCE PARTNERING**

TRAVEL: Air/Bus/Train \_\_\_\_\_ Ferry/Taxi \_\_\_\_\_ # of KM \_\_\_\_ @ 48¢/KM = \_\_\_\_\_

HOTEL: # of nights \_\_\_\_\_ @ \$ \_\_\_\_\_ per night = \_\_\_\_\_ MEALS: \_\_\_\_\_

DANCE PARTNER PRACTICE FEES: \_\_\_\_\_ DANCE PARTNER TEST FEES: \_\_\_\_\_

For all Assessment Days requiring a male partner add all of **Part E** amounts together = \_\_\_\_\_ **F**  
 After the above calculations are completed take **F** and divide by the number of assessments partnered.  
**F** = \_\_\_\_\_/per test.

**PART G – DANCE PRACTICE ICE**

DANCE PRACTICE ICE: \_\_\_\_\_ divided by the total number of Dance Practice Ice Skaters to get \_\_\_\_\_/per skater.