

## Freestyle Head Tax Accounting Sheet

Division \_\_\_\_\_

Event Date \_\_\_\_\_

Event Name \_\_\_\_\_

Event Site \_\_\_\_\_

**Was this event changed from its original date on the freestyle schedule agreement?**

[ ] YES    [ ] NO

\_\_\_\_\_ Original date of event

	# Competitors	-	Waivers* =	# Competitors head tax due for
Competition Date _____	_____		_____	_____
Competition Date _____	_____		_____	_____
Competition Date _____	_____		_____	_____
Competition Date _____	_____		_____	_____
total competitors _____ X <b>\$4.00</b> = \$ _____ (head tax due USSA)				

Person completing form \_\_\_\_\_ Date \_\_\_\_\_

(please print)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

\* Waivers: U.S. Freestyle Ski Team athletes are exempt from head tax.

### USSA Freestyle OFFICE USE ONLY:

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Head Tax Account Number \_\_\_\_\_

Return this form in the results packet with payment to USSA Freestyle, P.O. Box 100, Park City, UT 84060.