



Florida High School Athletic Association

# FHSAA State Series Football Financial Report Form

## District Tiebreaker, Regional Tournament or State Semifinal

Must be received in the FHSAA Office, as well as by visiting schools, within 30 calendar days of the completion of the event to avoid penalty. Payment to FHSAA must accompany the report. **DO NOT EMAIL OR FAX IF MONEY IS DUE.** If no money due, may e-mail to jtowndsend@fhsaa.org or fax to 352.244.5054. **Attach "FHSAA State Series Contest Pass Gate Log" (AT10) to this form when submitting.**

Host School: _____	City: _____	Date of Event: ____/____/____
Classification: _____ Site of Event (Name of Venue): _____		
District No.: _____ (required for district tiebreaker <u>only</u> )		
Regional Tournament: Region No.: _____   Round: ( _____ Region Quarter) ( _____ Region Semi) ( _____ Region Final) ( _____ State Semi)		

**1. Revenue:**

- 1a. District Tiebreaker Only: Tickets Sold \_\_\_\_\_ @ \$ 6 each.....\$ \_\_\_\_\_
- 1b. Regional/State Semi Only: Tickets Sold \_\_\_\_\_ @ \$ 7 each (general admission).....\$ \_\_\_\_\_
- 1c. Regional/State Semi Only: Tickets Sold \_\_\_\_\_ @ \$ 8 each (reserved seats).....\$ \_\_\_\_\_
- 1d. TOTAL REVENUE (line 1a if District; add lines 1b and 1c if Regional or State Semi).....\$ \_\_\_\_\_

**2. Expenses (FHSAA may request documentation of expenses)**

- 2a. Contest officials.....\$ \_\_\_\_\_
- 2b. Event manager (limit \$100 ).....\$ \_\_\_\_\_
- 2c. Scoreboard operator(s)/timer(s).....\$ \_\_\_\_\_
- 2d. Public address announcer(s).....\$ \_\_\_\_\_
- 2e. Athletic trainer(s).....\$ \_\_\_\_\_
- 2f. Ambulance service.....\$ \_\_\_\_\_
- 2g. Ticket seller(s) and taker(s).....\$ \_\_\_\_\_
- 2h. Crowd control non-uniform security and/or law enforcement.....\$ \_\_\_\_\_
- 2i. Hospitality.....\$ \_\_\_\_\_
- 2j. Awards (if not restricted in sport manual).....\$ \_\_\_\_\_
- 2k. Facility rental.....\$ \_\_\_\_\_
- 2l. Supplies (i.e. tickets, etc.).....\$ \_\_\_\_\_
- 2m. Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_
- 2n. Other (specify): \_\_\_\_\_ \$ \_\_\_\_\_
- 2o. TOTAL EXPENSES (add lines 2a through 2n).....\$ \_\_\_\_\_

<b>FOR FHSAA USE</b>
Date Rec'd: _____
Amt. Rec'd: _____

**3. NET PROFIT OR <LOSS>**

(subtract line 2o from line 1).....\$ \_\_\_\_\_  
(If net loss, continue to line 4a. If net profit greater than \$250, continue to line 5. If net profit less than \$250, stop here and mail or fax form and State Series Pass Gate Log (AT10) to FHSAA and visiting schools. Host retains amount on line 3.)

**4. Loss Reimbursement Requested from FHSAA (State Series Pass Gate Log form AT10 Required)**

- 4a. Amount requested from FHSAA (line 3 OR a maximum reimbursement of \$350).....\$ \_\_\_\_\_
- 4b. Amount of Loss remaining after FHSAA Loss Reimbursement (line 3 plus line 4a).....\$ \_\_\_\_\_  
(If line 4b is zero or less, stop here and mail or fax form and Gate Log (AT10) to FHSAA, otherwise proceed to line 6a)

**5. FHSAA Share -if line 3 is \$250+** (line 1 multiplied by .25, or amount on line 3, whichever is less).....\$ \_\_\_\_\_  
(If amount on line 5 is same as line 3, stop here and mail check, Pass Log (AT10) and report to FHSAA. Otherwise, continue to line 6a)

**6. Schools Revenue Shares**

- 6a. Host school gross share before expenses (multiply line 1 by .45).....\$ \_\_\_\_\_
- 6b. Amount remaining after expenses and FHSAA share (line 3 minus line 5).....\$ \_\_\_\_\_
- 6c. Amount to be shared with visiting schools (multiply line 1 by .30).....\$ \_\_\_\_\_
- 6d. Amount to be paid per visiting school (divide line 6c by \_\_\_\_\_ schools ).....\$ \_\_\_\_\_
- 6e. Final amount retained by host (line 6b minus line 6c) If negative, host must cover.....\$ \_\_\_\_\_

Name of Tournament/Meet Manager _____	Signature of Tournament/Meet Manager _____	Date ____/____/____
Tournament/Meet Manager E-mail Address _____	( _____ ) Tournament/Meet Manager Phone Number _____	