



Florida High School Athletic Association

FHSAA State Series District and Regional Financial Report

For sanctioned sports other than football

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: _____

Classification: _____ Sport: _____ Gender: (___ Girls) (___ Boys)

District Meets: District No.: _____ Date of Event: ____/____/____

Regional Meets: Region No.: _____ Date of Event: ____/____/____ | Round: (___ Quarters) (___ Semis) (___ Finals)

1. Revenue: Tickets Sold _____ @ \$ _____ each\$ _____

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. Ticket seller(s) and taker(s).....\$ _____
- 2f. Crowd control non-uniform security and/or law enforcement.....\$ _____
- 2g. Hospitality.....\$ _____
- 2h. Awards (if not restricted in sport manual).....\$ _____
- 2i. Facility rental\$ _____
- 2j. Supplies (i.e. tickets, etc.).....\$ _____
- 2k. Other (specify): _____ \$ _____
- 2l. Other (specify): _____ \$ _____

FOR FHSAA USE

Date Rec'd: _____

Amt. Rec'd: _____

2m. TOTAL EXPENSES (add lines 2a through 2l)\$ _____

3. NET PROFIT OR <LOSS>

(subtract line 2m 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 still shows a loss, and alternate sharing method was approved at District Planning Meeting, continue to line 7a, otherwise host must cover the remaining loss. Either proceed to line 7a or if host is covering loss, or if line 4b is zero, stop here and mail or fax form and Gate Log (AT10) to FHSAA)

5. FHSAA Share – if line 3 is \$250+ (line 1 multiplied by .15, or amount on line 3, whichever is less)\$ _____

(If this report is for Cross Country, Swimming/Divng, Track & Field or Wrestling, OR 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 or 7a)

6. Schools Revenue Shares – (only for Baseball, Basketball, Soccer, Softball and Girls Volleyball)

- 6a. Host school gross share before expenses (multiply line 1 by .55).....\$ _____
- 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\$ _____

7. Alternate Method for Schools' Revenue Shares – District Events Only (agreed to in planning meeting)

- 7a. Amount of profit/<loss> after FHSAA (if a loss, enter line 4b, if profit, enter line 3 minus line 5).....\$ _____
- 7b. Host school share\$ _____
- 7c. Share per Visiting School (7a minus 7b divided by _____ schools).....\$ _____

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