FN3

Florida High School Athletic Association

Revised 11/08

FHSAA State Series Financial Report Form Regional Tournaments and Meets (sanctioned sports other than football)

Must be completed and copies submitted so that it is received in the FHSAA Office, as well as by visiting schools, within 21 calendar days of the completion of the Regional Tournament Game/Match/Meet to avoid penalty. Payment of revenue shares must accompany the report. **DO NOT FAX IF MONEY IS DUE.** You may fax this to the FHSAA Office at 352.244.5054 **ONLY IF MONEY IS NOT DUE.** Attach "FHSAA State Series Contest Pass Gate Log" (AT10) to this form when submitting by mail or fax.

Host School: _____ City: _____

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

Class: _____ Region No.: _____ Round: (__ Quarter) (__ Semi) (__ Final) Date of Event: ____/____/____

FOR USE BY FHSAA OFFICE

Date Rec'd: _____

Amt. Rec'd: _____

Ticket Sales Report

ROLL 1 (Color: _____)

(a) First ticket no. sold: _____

(b) Last ticket no. sold: _____

(b-a) Number of tickets sold from roll: _____

ROLL 2 (Color: _____)

(a) First ticket no. sold: _____

(b) Last ticket no. sold: _____

(b-a) Number of tickets sold from roll: _____

ROLL 3 (Color: _____)

(a) First ticket no. sold: _____

(b) Last ticket no. sold: _____

(b-a) Number of tickets sold from roll: _____

ROLL 4 (Color: _____)

(a) First ticket no. sold: _____

(b) Last ticket no. sold: _____

(b-a) Number of tickets sold from roll: _____

ROLL 5 (Color: _____)

(a) First ticket no. sold: _____

(b) Last ticket no. sold: _____

(b-a) Number of tickets sold from roll: _____

ROLL 6 (Color: _____)

(a) First ticket no. sold: _____

(b) Last ticket no. sold: _____

(b-a) Number of tickets sold from roll: _____

ROLL 7 (Color: _____)

(a) First ticket no. sold: _____

(b) Last ticket no. sold: _____

(b-a) Number of tickets sold from roll: _____

ROLL 8 (Color: _____)

(a) First ticket no. sold: _____

(b) Last ticket no. sold: _____

(b-a) Number of tickets sold from roll: _____

TOTAL NO. OF TICKETS SOLD: _____
(record the total number of tickets sold on line 1 under tournament/meet revenue)

Tournament/Meet Revenue

1. Tickets Sold (_____ @ $ _____ each) ..... $ _____

Tournament/Meet Expenses

FHSAA may request proof (documentation) of expenses

2. Contest officials ..... $ _____
3. Event manager ..... $ _____
4. Scoreboard operator(s)/timer(s) ..... $ _____
5. Public address announcer(s) ..... $ _____
6. Athletic trainer(s) ..... $ _____
7. Ambulance service ..... $ _____
8. Ticket seller(s) ..... $ _____
9. Ticket taker(s) ..... $ _____
10. Crowd control person(s)/non-uniform security ..... $ _____
11. Law enforcement officer(s) ..... $ _____
12. Hospitality ..... $ _____
13. Facility rental ..... $ _____
14. Equipment rental ..... $ _____
15. Supplies (i.e. tickets, etc.) ..... $ _____
16. Other: _____ ..... $ _____
17. TOTAL EXPENSES (add lines 2 through 16) ..... $ _____
18. NET PROFIT OR <LOSS> (subtract line 17 from line 1) ..... $ _____

(If net profit is greater than $250.00, continue to line 19 or 20. Otherwise, mail or fax form to FHSAA and visiting schools.)

Division of Receipts

19. Baseball, Basketball, Soccer, Softball, Girls Volleyball

19a. FHSAA share (multiply line 1 by .15) ..... $ _____

19b. Host school share (multiply line 1 by .55; pay all expenses from this amount) ... $ _____

19c. Share to be divided between visiting schools (multiply line 1 by .30) ..... $ _____

19d. Share to be paid to each visiting school (divide line 19c by ____ schools) ..... $ _____

20. Cross Country, Swimming & Diving, Track & Field, Wrestling

20a. FHSAA share (multiply line 1 by .15) ..... $ _____

20b. Host school share (multiply line 1 by .85; pay all expenses from this amount) ... $ _____

_____ _____ / _____

Name of Tournament/Meet Manager | Signature of Tournament/Meet Manager | Date

_____ (_____) _____

Tournament/Meet Manager E-mail Address | Tournament/Meet Manager Phone Number