



1801 NW 80th Blvd. Gainesville, FL 32606 (352) 372-9551

FHSAA State Series District and Regional Financial Report

For Baseball, Basketball, Soccer, Softball and Girls Volleyball

Instructions on Page 2

Host School: _____		City: _____	
Classification: _____	Sport: _____	Gender: ___ Girls ___ Boys	
Type of Event: ___ District	District No.: _____	Date(s) of Event: ___ / ___ / ___ - ___ / ___ / ___	
___ Regional	___ Quarterfinal	___ Semifinal	___ Final
___ State Semifinal		Date of Event: ___ / ___ / ___	

1. Revenue:

1a. Tickets sold	_____ @ \$ _____	\$ _____	
1b. E-Tickets sold	_____ @ \$ _____	\$ _____	
1c. TOTALS	#sold _____	Revenue	\$ _____

Other Revenue:

1d. Proceeds from food and beverage concessions (after cost)	\$ _____
1e. Proceeds from parking fees _____ cars @ \$ _____	\$ _____

2. Expenses (FHSAA may request documentation of expense)

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. Trophies (DISTRICT ONLY - must be purchased from FHSAA authorized vendor)	\$ _____
2i. Facility rental (maximum \$1,000)	\$ _____
2j. Supplies (i.e. tickets, etc.)	\$ _____
2k. Other (specify): _____	\$ _____
2l. TOTAL EXPENSES	\$ _____

3. Net Profit or Loss*: (Subtract Total Expenses, line 2l from Total Ticket Revenue, 1c)

**If net profit is \$250 or less, STOP HERE. Host retains this amount.*

\$ _____

4. Loss Reimbursement Requested from FHSAA:

4a. Entire amount of Loss funding requested from FHSAA (Maximum \$350)	\$ _____
4b. Amount of Loss remaining after FHSAA Loss Reimbursement (line 3 plus line 4a)	\$ _____

5. FHSAA Share:

5a. Multiply Total Ticket Revenue (line 1c) by .15	\$ _____
5b. Enter Host's Net Profit (line 3)	\$ _____
5c. Pay FHSAA amount on line 5a or 5b, whichever is less	\$ _____

See Instructions on page 2 for the following:

6. Visiting School(s) Share

\$ _____

7. Host School Share

\$ _____

Name of Tournament/Meet Manager

Signature of Tournament/Meet Manager

_____/_____/_____
Date

E-mail

(_____)_____
Phone Number

FOR FHSAA USE	
Date Rec'd: _____	
Amt. Rec'd: _____	



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Instructions for FN2 - by line #

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1. Enter tickets sold by price category, including e-tickets sold (if applicable). Enter proceeds from concession and parking. This is for informational purposes only and does not get added to the total revenue. If concessions or parking were not sold, enter zero.
2. Enter expenses by type. Use line 2k for event expenses not listed on other lines.
3. If net loss, continue to line 4a. If net profit is greater than \$250, continue to line 5. If net profit is \$250 or less, stop here and e-mail, mail or fax form and State Series Pass Gate Log (AT10) to FHSAA and visiting school(s). Host retains amount on line 3.
4. Line 4a - enter the amount of loss reimbursement requested from the FHSAA up to a maximum of \$350. E-mail, mail or fax form and State Series Pass Gate Log (AT10) to FHSAA. Line 4b – enter the amount of loss that will still remain after the FHSAA loss reimbursement on line 4a is received.
5. *Only applies if Line 3 is greater than \$250.* Calculate the FHSAA Share following instructions on the form.
6. Calculate the amount to be shared with the visiting school(s) using one of the following:
 - The amount remaining after expenses and FHSAA share are divided 55 percent to the host and 45 percent to the visiting school(s).
 - Alternate formula may be used for district events if approved at the district planning meeting.
7. The amount remaining after expenses, FHSAA share and visiting school(s) share.

***** DEADLINE FOR SUBMISSION *****

Must be submitted with payment to FHSAA as well as the visiting school(s) within 30 days of the completion of the event. A late filing fee shall be assessed as follows: 1 to 60 days late, \$50; 61 to 90 days late, \$75; beyond 90 days late, \$100. If no revenue shares are due, this form may be e-mailed to mbaranyk@fhsaa.org or faxed to (352) 244-5054 and the visiting school(s).