



FHSAA Financial Report Form for Nationally Televised Events

This form must be completed and payment submitted so that it is received in the FHSAA Office within 30 calendar days of the completion of the event to avoid penalty. This form must be mailed with the payment of revenue share to FHSAA, 1801 NW 80th Blvd., Gainesville, FL 32606.

Host: _____
 City: _____
 Date of Event: _____ / _____ / _____
 Sport: _____
 Site(s) of Event: _____
 National Television Network: _____

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

Revenue

- a. Tickets sold: _____ @ \$ _____\$ _____
- b. Entry fees: _____ (number of teams or individuals) @ \$ _____ \$ _____
- c. Total revenue: (tickets + team and/or individual entry fees) \$ _____
- d. FHSAA Revenue Share: (Multiply line c by .25)..... \$ _____

Printed name of school's FHSAA Representative

Email address of school's FHSAA Representative

Signature of FHSAA Representative

_____/_____/_____
Date