



FHSAA State Finals Financial Report Form (page 1 of 2)

Must be completed and submitted so it is received in the FHSAA Office within 30 calendar days of the completion of the event. **Form must be mailed with the payment** and FHSAA State Series Pass Gate Log (Form AT10) to FHSAA, 1801 NW 80th Blvd., Gainesville, FL 32606. If no admission is charged, the Pass Gate Log (Form AT10) is not required.

Event: _____ Month/Year: ____/____

Host Organization: _____

Revenues

1. Event Ticket Sales (If free admission, skip to #2)

	<u>Price</u>		<u>No. Sold</u>		<u>Subtotal</u>
1a. General Admission	\$ _____	x	_____	= \$	_____
1b. Special Pricing	\$ _____	x	_____	= \$	_____
1c. Special Pricing	\$ _____	x	_____	= \$	_____
1d. Total Ticket Sales (add lines 1a through 1c)					\$ _____
1e. Sale of Heat Sheets/Brackets/Schedules	\$ _____	x	_____	= \$	_____
1f. Sale of Special Passes (i.e. deck pass)	\$ _____	x	_____	= \$	_____
1g. Total Proceeds From Tickets, Sheets, Passes					\$ _____

2. Proceeds from food and beverage concessions (after net costs)

\$ _____

3. Proceeds from parking fees

_____ Cars @ \$ _____

\$ _____

4. Grants from tourism and visitors bureaus / local government

\$ _____

5. Corporate support, local contributors, sponsors, etc.

\$ _____

6. Hotel Motel Association support (donation or commissions)

\$ _____

7. Donations

\$ _____

8. Other income

8a. Other (specify)	\$ _____
8b. Other (specify)	\$ _____
8c. Other (specify)	\$ _____
8d. Other (specify)	\$ _____
8e. Total Other (sum of above)	\$ _____

9. TOTAL PROJECTED EVENT REVENUE (add lines 1 through 8)

\$

Expenses

10. Facility

10a. Rental of facility	\$ _____
10b. Facility Preparation	\$ _____
10c. Other rentals (i.e. temporary restrooms, bleachers, etc.)	\$ _____

11. Equipment and Supplies

11a. Ticket stock (see below if using ticket service)	\$ _____
11b. Field/court markings (paint/tape)	\$ _____
11c. Floor covering	\$ _____
11d. Pipe and drape, or other facility decoration	\$ _____
11e. Table covering and skirting	\$ _____
11f. General materials / office supplies	\$ _____



FHSAA State Final Financial Report Form (page 2 of 2)

Must be completed and submitted so it is received in the FHSAA Office within 30 calendar days of the completion of the event. **Form must be mailed with the payment** and FHSAA State Series Pass Gate Log (Form AT10) to FHSAA, 1801 NW 80th Blvd., Gainesville, FL 32606. If no payment is due, this form and the Pass Gate Log (Form AT10) may be e-mailed to lrobertson@fhsaa.org, or faxed to (352) 244-5054.

12. Personnel & Services

12a. Ticketing service coordinator fees / commission.....	\$ _____
12b. Event manager	\$ _____
12c. Public address announcer.....	\$ _____
12d. Official scorer(s)	\$ _____
12e. Official timer(s).....	\$ _____
12f. Statistical crew.....	\$ _____
12g. Scoreboard operator(s).....	\$ _____
12h. Ticket seller(s) and taker(s).....	\$ _____
12i. Ushers	\$ _____
12j. Non-uniformed security	\$ _____
12k. Uniformed law enforcement	\$ _____
12l. Clerical.....	\$ _____
12m. Custodial	\$ _____
12n. Grounds maintenance worker(s).....	\$ _____
12o. Technical worker(s).....	\$ _____
12p. Ambulance	\$ _____
12q. General event staff	\$ _____

13. Hospitality (food and beverage).....\$ _____

14. Promotion and Communications

14a. Advertising (print, radio, TV)	\$ _____
14b. Postage	\$ _____
14c. Printing.....	\$ _____
14d. Other (itemize) _____	\$ _____

15. Other Expenses

15a. Other (specify) _____	\$ _____
15b. Other (specify) _____	\$ _____
15c. Other (specify) _____	\$ _____

16. TOTAL ESTIMATED EXPENDITURES (add lines 10 through 15).....\$

17. NET PROFIT BEFORE FHSAA SHARE (line 9 minus line 16).....\$

18. FHSAA SHARE (per contract).....\$ _____

Describe calculation of FHSAA share _____

19. HOST NET PROFIT\$

Prepared and submitted by:

_____	_____ / _____ / _____	_____
Name (print)	Date	Title

Signature		