**GEORGIA HIGH SCHOOL ASSOCIATION**
**P.O. BOX 271**
**Thomaston, Georgia 30286**
**706-647-7473**

# TOURNAMENT FINANCIAL REPORT
# STATE VOLLEYBALL PLAYOFFS
# 1st - 2nd - 3rd Rounds

**CLASSIFICATION: _____ 1st ROUND ☐ 2nd ROUND ☐ 3rd ROUND ☐**

**HOST TEAM: _____ VISITING TEAM: _____**

**DATE: _____**

**GATE RECEIPTS:**

Total Number of Tickets Sold _____ @ $5.00 admission fee = _____

Receipt of Broadcasting Fees (radio and/or video tape delayed)…….. _____

**TOTAL RECEIPTS:…….. _____**

Total Number Admitted with GHSA Pass _____

**DEDUCTIONS:**

Note: Admission MUST be charged for all Volleyball Playoff Games
GHSA 12% share, visiting team mileage and Officials Fees must be paid regardless of gate receipt amount.
Send check for 12% and this form to GHSA.
Host school will receive an invoice from the Officials Association for payment of the officials.
Local service charges, facility costs, lights, cost of operating personnel, etc., are not to be deducted prior to the division of funds. All such expenses are the responsibility of the home or host team.

12% to GHSA (-)_____

Visiting Team Mileage (-)_____
(80 cents per mile one way)

Officials Payment (-)_____ (will be billed by the Officials Association)

**BALANCE:…… _____**

1/2 to Visiting Team _____

1/2 to Host School _____

_____
(Signed – Person in charge of Tournament)