

GEORGIA HIGH SCHOOL ASSOCIATION
151 South Bethel Street
Thomaston, Georgia 30286
706-647-7473

FINANCIAL REPORT SANCTIONED TOURNAMENTS
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HOST SCHOOL _____

DATE OF TOURNAMENT _____

TYPE OF TOURNAMENT (Sport or Activity) _____

Number of GHSA Passes....._____

Number of Tickets Sold..... _____ @ \$ _____ **Total \$** _____

Number of Tickets Sold..... _____ @ \$ _____ **Total \$** _____

Number of Digital Tickets Sold..... _____ @ \$ _____ **Total \$** _____

Number of Digital Tickets Sold..... _____ @ \$ _____ **Total \$** _____

Gross Receipts..... \$ _____

5% TO GHSA..... \$ _____

(Signed – Person in charge of Tournament)

Mail 5% check along with this report to GHSA at above address.
DUE FOURTEEN (14) DAYS AFTER THE EVENT.