

GEORGIA HIGH SCHOOL ASSOCIATION  
POST OFFICE BOX 271  
THOMASTON, GEORGIA 30286  
706-647-7473 FAX: 706-647-2638

**SOCCER PLAYOFF FINANCIAL REPORT – QUARTERFINALS**

CLASSIFICATION: \_\_\_\_\_ BOYS PLAYOFF or GIRLS PLAYOFF

TEAMS: \_\_\_\_\_ VS \_\_\_\_\_

HOST: \_\_\_\_\_ DATE \_\_\_\_\_

GATE RECEIPTS:

Total Number of Tickets Sold \_\_\_\_\_ @ \$7.00 Admission Fee..... \_\_\_\_\_

Total Number of Digital Tickets Sold \_\_\_\_\_ @ \$7.00 Admission Fee..... \_\_\_\_\_

RECEIPT OF BROADCASTING FEES ..... \_\_\_\_\_

TOTAL RECEIPTS..... \_\_\_\_\_

Total Number Admitted with GHSA Pass \_\_\_\_\_

DEDUCTIONS:

(Note: Local service charges, stadium charges, 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.)

**GHSA %, Officials Fees, and Visiting Team mileage must be paid regardless of gate receipt amount.**

12% of Total Receipts to GHSA \_\_\_\_\_

Officials Fees (add to GHSA 12% - **GHSA to pay officials**) \_\_\_\_\_ **\$440.00**

TOTAL: **Send one check to GHSA** (12% share and Officials Payment) \_\_\_\_\_

BALANCE: ..... \_\_\_\_\_

Visiting Team Mileage \_\_\_\_\_  
(80 cents per mile one way – 15 mile minimum)

BALANCE: ..... \_\_\_\_\_

½ to Visiting Team + Mileage \_\_\_\_\_

½ to Host Team \_\_\_\_\_

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(School)

**Submit: Financial Report Form**  
**Check** for the amount of  
GHSA 12% and payment for  
officials. Payable to GHSA