

GEORGIA HIGH SCHOOL ASSOCIATION
Post Office Box 271
Thomaston, Georgia 30286
706-647-7473 Fax: 706-647-2638

TOURNAMENT FINANCIAL REPORT
STATE VOLLEYBALL - FINALS
Use for State Tournament Championship Round only
Area Tournaments use the Region/Area Report Form
1st, 2nd, 3rd, 4th Rounds have separate form

CLASS: _____

HOST SCHOOL: _____ **SITE:** _____

DATE OF TOURNAMENT: _____

Total Number Admitted with GHSA Pass ... _____

Number of Tickets Sold _____ @ \$7.00 \$ _____

Number of Digital Tickets Sold _____ @ \$7.00 \$ _____

Total Receipts.....\$ _____

(-)Less 20% to Host School for Expenses.... \$ _____

BALANCE (Submit check to GHSA) \$ _____

FOR GHSA USE ONLY

Amount Submitted to GHSA \$ _____

(-)GHSA – 12% of Gross Receipts \$ _____

(-)Cost of Officials \$ _____

(-)Misc. Expenses \$ _____

Balance \$ _____

(Signed – Person in charge of Tournament)

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