

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

<p><b>TOURNAMENT FINANCIAL REPORT</b> <b>STATE VOLLEYBALL - FINALS</b> Use for State Tournament Championship Round only Area Tournaments use the Region/Area Report Form 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> Rounds have separate form</p>
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**CLASS:** \_\_\_\_\_

**SITE:** \_\_\_\_\_

**DATE OF TOURNAMENT:** \_\_\_\_\_

Total Number Admitted with GHSA Pass ... \_\_\_\_\_  
Gross Receipts @ \$7.00 admission fee ..... \$ \_\_\_\_\_  
(-)Less 20% to Host School for Expenses..... \$ \_\_\_\_\_  
BALANCE (Submit check to GHSA) ..... \$ \_\_\_\_\_

<b>FOR GHSA USE ONLY</b>	
Amount Submitted to GHSA .....	\$ _____
(-)GHSA – 12% of Gross Receipts .....	\$ _____
(-)Cost of Officials .....	\$ _____
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.