KHSAA Form BA108
Rev. 4/03

KHSAA Semi-State Baseball Tournament Financial Report

(return one copy and unsold tickets to KHSAA within one week of tournament.)

SemiState # 6 Held at Pulaski Co. High School Dates June 7 + 8, 2006

Part A. Ticket Sales Reconcillation		
Color of Tickets -		
Start Ticket Number (500 per roll)	End Ticket Number	Sold
223002	2230427	422
	Total Sold	
Total Ticket Revenue (A-1)	X selling price - $6.00 = Total Ticket Sales	$ 2,532.00

Part B	OTHER REVENUE ITEMS	Total Receipts	Total
(1)	Ticket Sales (from A-1 above)	2,532.00	
(2)	Broadcasting		
(3)	Sponsorship		
(4)	TOTAL REVENUE (4)		

Part C	ALLOWABLE EXPENSE ITEMS PAID BY HOST PRIOR TO SUBMISSION TO KHSAA	Expenses	
(1)	Facility Rental (only if documented by contract and receipt and not on school owned property)		
(2)	Tournament Manager (agreed by participants, not to exceed $75 per day of tournament)	100.00	
(3)	Field Preparation Labor (not to exceed $75 per day)	150.00	
(4)	Field Preparation Supplies (include receipts)		
(5)	Scoreboard and Scorebook Operators (not to exceed $30 per game)	90.00	
(6)	Public Address Announcers (not to exceed $30 per game)	60.00	
(7)	Total for Gate Workers (not to exceed $25 per day per worker)	50.00	
(8)	Security (itemize per person cost on reverse)	90.00	
(9)	Certified Athletic Trainer (itemize per person cost on reverse)		
(10)	Other (itemize on back, prior KHSAA approval required)		
(11)	Other (itemize on back, prior KHSAA approval required)		
(12)	Other (itemize on back, prior KHSAA approval required)		
(13)	Other (itemize on back, prior KHSAA approval required)	$540.00	
(14)	TOTAL EXPENSES (14)		$540.00
Part D	First Line Net Profit (Part B (4) minus Part C (14) total) to be sent to KHSAA. All other bills to be paid by KHSAA.		$1,992.00

PAID ATTENDANCE BY SESSIONS
(Tickets Sold NOT money received)

Session	Paid
1	250
2	172
3 (if needed)	
Total	442

Umpire Mileage Driven
(List only actual driven, use round-trip totals)
ATTACH ANY LODGING RECEIPTS IF APPROVED

Umpire	miles ~~Day 1~~	Meals ~~Day 2~~	Hotel ~~Other~~
Jim Clayton	320	36.09	—
Doug Collier	—	36.09	110.16
Keith Morgan	136	—	—
Brent Bradley	240	—	—

[signature] Pulaski Co. High School (606) 679-1574 (606) 219-6360

MANAGER HOST SCHOOL DAYTIME PHONE CELL PHONE

Right Store. Right Price.

2835 S Hwy 27 Ste 2
606 678-0202
YOUR CASHIER WAS BRENDA

	TCST SALSA	PC	2.62 F
	SANTITAS CHP		1.99 F
	TAX		**0.00**
****	BALANCE		**4.61**
	CASH		5.00
	CHANGE		0.39

TOTAL NUMBER OF ITEMS SOLD = 2
06/08/06 12:23pm 345 1 26 136

JOIN KROGER PLUS & BEGIN SAVING TODAY
YOU COULD HAVE SAVED $0.12

THANK YOU FOR SHOPPING KROGER

HARBOR
RESTAU[illegible]
& TA[illegible]
(606) 6[illegible]-4587
ASK ABOUT OUR NEW HAPPY HOUR

114 Sabrina

Tbl 403/1 Chk 533 Gst 2
Jun08'06 02:38PM

2 Soft Drink @ 1.99	3.98
1 Grouper Sandwich @ 7.59	7.59
[illegible] Fries @ 1.99	1.99
[illegible]ouper Sandwich @ 7.59	7.59
1 Sub Ring @ 1.99	1.99
Subtotal	23.14
Tax	2.08
03:09PM Total	25.22
SalesTx Coll	1.39
Burnsd Fd Tx	0.69

TIP $5

THANKS FOR CHOOSING DONATOS OF SOMERSET
677-1700 THE BEST PIZZA IN TOWN

ORDER NO. 146 678-2023
06/07/06
Promised 11:18PM
ANDERSON
HOLIDAY INN EXPRESS
215 27
APARTMENT 117
SOMERSET, KY 42501
117
117
ZONE * * * GRID * * *

SUBTOTAL	13.99
DELIVERY	1.50
TAX	.84
COUPON/DISC AMOUNT	1.50

LARGE ONE TOPPING
FOR ONLY $10.99

AMOUNT DUE 14.83

TIP $4

LARGE 1 13.99
THIN CRUST
PEP-0-0 ON -1-0 MR -1-0
TICKET PRINTED BY AC STORE 133

1-PIZ

OUT THE DOOR: 11:06PM

2006 SEMI-STATE 6

UMPIRE EXPENSES:

JIM CLAYTON
160 MILES X 2 = 320 MILES
3 MEALS

DOUG COLLIER
2 NITES LODGING (ATTACHED)
3 MEALS

10.26
10.26
20.52
300 TIP
23.52

Holiday Inn EXPRESS

DOUG COLLIER
US

Membership No.
A/R Number
Group Code
Folio/Invoice No. 41885

Room No. **117**
Arrival 06-07-06
Departure 06-09-06

Page No. 1 of 1
Cashier No. 102
User ID JS,
www.ichotelsgroup.com

Date	Description	Charges	Credits
06-07-06	*Accommodation	50.00	
06-07-06	State Tax	3.50	
06-07-06	City Tax	1.58	
06-08-06	*Accommodation	50.00	
06-08-06	State Tax	3.50	
06-08-06	City Tax	1.58	
06-08-06	MasterCard XXXXXXXXXXXX9014		110.16
	Total	**110.16**	**110.16**
	Balance	**0.00**	

Guest Signature: ______________________

I have received the goods and / or services in the amount shown herein. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Holiday Inn Express - Somerset
240 N. Hwy 27
Somerset, KY 42503
Telephone: (606) 678-2023 Fax: (606) 678-3055

Holiday Inn
EXPRESS®

240 North Highway 27
SOMERSET, KY 42503

GILBERT A. WILSON

KEITH MORGAN - 68 MILES ROUND-TRIP X 2
BRENT BRADLEY - 120 MILE ROUNDTRIP X 2

umpires