



Semi-State Tournament Sales and Expense Report
(return this form, unsold tickets and the calculated first line net profit to
the KHSAA within one week of the event)

KHSAA Form GE88
Rev. 5/19

Event (check one) Baseball ☒ Soccer ☐ Softball ☐

Held at MOREHEAD STATE UNIV GAME 1 Date 6-1-19

Participating Teams ROWAN, LAWRENCE, HAZARD, CORBIN

SECTION A. TICKET SALES RECONCILIATION

Roll	Color of Tickets	Start Ticket Number	First Ticket Remaining on Roll	Tickets Sold	Price Per Ticket	Sales
(1)	GREEN	004001	004712	711	10.00	\$7110
(2)						
(3)						
(4)						
(A1) TOTAL TICKETS SOLD AND TOTAL GROSS TICKET SALES						

SECTION B. ALLOWED EXPENSE ITEMS PAID BY HOST FROM GATE RECEIPTS BEFORE SUBMISSION TO KHSAA (DO NOT INCLUDE ITEMS IN THIS SECTION IF A FLAT FEE FOR ALL SERVICES HAS BEEN AGREED THROUGH THE SITE SELECTION PROCESS)

ITEM	Expenses	
Game Manager (maximum \$125 first game, \$200 for two games)		
Officials Liaison and Manager – (maximum \$35 first game, \$55 for two games)		
Public Address – (maximum \$35 first game, \$55 for two games)		
Scoreboard Operator – (maximum \$35 first game, \$55 for two games)		
Official Scorer – (maximum \$35 first game, \$55 for two games)		
PA Sub spotter (soccer only) – (maximum \$35 first game, \$55 for two games)		
Statistician maximum 1 person per game, if providing complete equipment and service – (maximum \$40 per game)		
Paid to Uniform Security at Rate agreed by KHSAA prior to contest(s)		
Paid for Medical / Training Services at Rate agreed by KHSAA prior to contest(s)		
Other (only permitted if approved in advance by KHSAA staff)		
Other (only permitted if approved in advance by KHSAA staff)		
(B1) TOTAL ALLOWABLE EXPENSES PAID BY HOST FROM GATE RECEIPTS		
FIRST LINE NET PROFIT (A1-B1). THIS AMOUNT SHOULD BE FORWARDED TO KHSAA. ALL OTHER EXPENSES AND PERSONNEL WILL BE PAID BY KHSAA UPON APPROVAL		

SECTION C. OFFICIALS NAMES AND KHSAA IDENTIFICATION NUMBERS
(KHSAA will pay these upon receipt of this report and net profit check)

Official's Name	KHSAA ID

PLEASE INCLUDE AN ATTACHMENT TO DETAIL ANY ADDITIONAL EXPENSES, LISTED AS "OTHER" ABOVE

SITE MANAGER

HOST SCHOOL/INSTITUTION

DAYTIME PHONE

CELL PHONE



Semi-State Tournament Sales and Expense Report
(return this form, unsold tickets and the calculated first line net profit to
the KHSAA within one week of the event)

KHSAA Form GE88
Rev. 5/19

Event (check one) Baseball ☒ Soccer ☐ Softball ☐

Held at MOREHEAD STATE GAME 2 Date 6-1-19

Participating Teams ROWAN, LAWRENCE, HAZARD, CORBIN

SECTION A. TICKET SALES RECONCILIATION

Roll	Color of Tickets	Start Ticket Number	First Ticket Remaining on Roll	Tickets Sold	Price Per Ticket	Sales
(1)	GREEN	014001	014225	224	\$10	\$2240
(2)						
(3)						
(4)						
(A1) TOTAL TICKETS SOLD AND TOTAL GROSS TICKET SALES						

SECTION B. ALLOWED EXPENSE ITEMS PAID BY HOST FROM GATE RECEIPTS BEFORE SUBMISSION TO KHSAA (DO NOT INCLUDE ITEMS IN THIS SECTION IF A FLAT FEE FOR ALL SERVICES HAS BEEN AGREED THROUGH THE SITE SELECTION PROCESS)

ITEM	Expenses	
Game Manager (maximum \$125 first game, \$200 for two games)		
Officials Liaison and Manager – (maximum \$35 first game, \$55 for two games)		
Public Address – (maximum \$35 first game, \$55 for two games)		
Scoreboard Operator – (maximum \$35 first game, \$55 for two games)		
Official Scorer – (maximum \$35 first game, \$55 for two games)		
PA Sub spotter (soccer only) – (maximum \$35 first game, \$55 for two games)		
Statistician maximum 1 person per game, if providing complete equipment and service – (maximum \$40 per game)		
Paid to Uniform Security at Rate agreed by KHSAA prior to contest(s)		
Paid for Medical / Training Services at Rate agreed by KHSAA prior to contest(s)		
Other (only permitted if approved in advance by KHSAA staff)		
Other (only permitted if approved in advance by KHSAA staff)		
(B1) TOTAL ALLOWABLE EXPENSES PAID BY HOST FROM GATE RECEIPTS		
FIRST LINE NET PROFIT (A1-B1). THIS AMOUNT SHOULD BE FORWARDED TO KHSAA. ALL OTHER EXPENSES AND PERSONNEL WILL BE PAID BY KHSAA UPON APPROVAL		

SECTION C. OFFICIALS NAMES AND KHSAA IDENTIFICATION NUMBERS
(KHSAA will pay these upon receipt of this report and net profit check)

Official's Name	KHSAA ID

PLEASE INCLUDE AN ATTACHMENT TO DETAIL ANY ADDITIONAL EXPENSES, LISTED AS "OTHER" ABOVE

SITE MANAGER

HOST SCHOOL/INSTITUTION

DAYTIME PHONE

CELL PHONE