

MANAGER

Soccer Section/Sub-Sectional Tournament Financial Report (return this form and unsold tickets to KHSAA within one week of tournament)

| Round (check one) | | Sub-Section X Section 5 | | | | | | |
|--|------------------|-------------------------|----------|--|---|-----------------------|--------------------|-----------------------|
| Gender (check one) Boys X Girls | | | | | | | | |
| Held at RYLE | | | | Dates 10/24/11 | | | | |
| Home Team RYLE | | | | | Visiting Team RUSSELL | | | |
| Ticket Sales Reconciliation | | | | | | | | |
| Roll | Color of Tickets | | Start Ti | cket Num | ber | First Ticket Remainir | g on Roll | Sold |
| (1) | Green | | 360 | 01 | | 36256 | | 255 |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | or of the second matter was placed as a second | | | | |
| | | | | 0.886 | | | Total Sold | 255 |
| | | | | | | | lling Price | |
| TOTAL TICKE | | | | | | | T SALES | \$1785 |
| | | | | | | | | |
| ALLOWABLE EXPENSE ITEMS PAID BY HOST PRIOR TO SUBMISSION TO | | | | | | | Expens | es |
| KHSAA | | | | | | | \$248.60 | |
| Officials Facility Rental (only if documented by contract and receipt and not on school owned | | | | | | | 0 | |
| property) | | | | | | | 0 | |
| Tournament Manager (not to exceed \$100) | | | | | | | 50 | |
| Field Preparation Labor (not to exceed \$75) | | | | | | | 0 | |
| Total for Gate Workers (not to exceed \$25 (per worker) | | | | | | | 0 | |
| Security (itemize per person cost on reverse) | | | | | | | 50 | |
| Certified Athletic Trainer (itemize per person cost on reverse) | | | | | | | 25 | Alexandra (Alexandra) |
| Other (itemize on back, prior KHSAA approval required) Soccer Balls | | | | | | | \$171.96 | |
| Other (itemize on back, prior KHSAA approval required) | | | | | | | | |
| Other (itemize on back, prior KHSAA approval required) | | | | | | | | |
| Other (itemize on back, prior KHSAA approval required) | | | | | | | | |
| TOTAL EXPENSES | | | | | | | | \$545.56 |
| First Line Net Profit (Total Ticket Sales above, less Total Expenses. This amount | | | | | | | | \$1239.44 |
| should be forwarded to KHSAA. All other bills to be paid by KHSAA. | | | | | | | | |
| | | | | | | | | |
| | | | | | OFFICIAL'S MILEAGE | | | |
| (Tickets Sold NOT money received) | | | | | (Permission from KHSAA necessary to record mileage for second or additional driver) | | | |
| 255 | | | | | | | | |
| | | | | Official's Name | | Rour | Round Trip Mileage | |
| | | | | | | | | |
| James Campa Ryle 859 384-531 | | | | | | | | 87 802-2812 |

HOST SCHOOL

DAYTIME PHONE

CELL PHONE