|  |  |  |
| --- | --- | --- |
| ***F:\Graphics\Logos\KHSAA Logos\KHSAAlogotobeusedonforms.png*** | ***Semi-State Tournament Financial Report****(return this form, unsold tickets and the calculated first line net profit to the KHSAA within one week of tournament)* | *KHSAA Form SO112**Rev. 6/16* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender (check one) | Boys |  |  | Girls |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Held at |  | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Home Team |  |  | Visiting Team |  |

|  |
| --- |
| **SECTION A. Ticket Sales Reconciliation** |
| Roll | Color of Tickets | Start Ticket Number | First Ticket Remaining on Roll | Sold |
| (1) |  |  |  |  |
| (2) |  |  |  |  |
| (3) |  |  |  |  |
| (4) |  |  |  |  |
|  |  |  | Total Tickets Sold |  |
|  |  |  | Selling Price |  |
|  |  |  | **(A1) Total Ticket Sales** |  |

|  |
| --- |
| **SECTION B. Revenue Reconciliation** |
| Gross Total Ticket Sales (from above) |  |  |
| Broadcasting Fees – Home Team (list outlets and amount) |  |  |
| Broadcasting Fees – Visitors (list outlets and amount) |  |  |
| Entry Fee Paid by Opponent |  |  |
| **(A2) Grand Total Revenue** |  |  |

|  |  |  |
| --- | --- | --- |
| **Section C. ALLOWed EXPENSE ITEMS PAID BY HOST PRIOR TO SUBMISSION TO KHSAA** | Expenses |  |
| (provide detail below, prior KHSAA approval required) |  |  |
| (provide detail below, prior KHSAA approval required) |  |  |
| (provide detail below, prior KHSAA approval required) |  |  |
| (provide detail below, prior KHSAA approval required) |  |  |
| **(A3) TOTAL ALLOWABLE EXPENSES PREPAID BY HOST** |  |  |

|  |  |  |
| --- | --- | --- |
| **First Line Net Profit (A2-A3). This amount should be forwarded to KHSAA. All other EXPENSEs AND PERSONNEL WILL be paid by KHSAA UPON APPROVAL** |  |  |

***Official’s NAMES AND APPLICABLE MilES DRIVEN
(Permission from KHSAA necessary to record miles for second or additional driver)***

|  |  |
| --- | --- |
| Official’s Name | Round Trip Miles |
|  |  |
|  |  |
|  |  |

***PROVIDE DETAIL FOR ANY ADDITIONAL EXPENSES, THEN TRANSFER TOTALS TO SECTION C AbOVE***

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| MANAGER |  | HOST SCHOOL |  | DAYTIME PHONE |  | CELL PHONE |