



# FINANCIAL REPORT OF NFHS SANCTIONED EVENT

Name of Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Site of Event \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Seating Capacity \_\_\_\_\_

Host School \_\_\_\_\_ Co-Sponsor, if any \_\_\_\_\_

**INCOME**

1. Ticket Receipts.....	\$ _____
2. Program Sales.....	\$ _____
3. Souvenir Sales.....	\$ _____
4. Program Advertisement.....	\$ _____
5. Sponsorships.....	\$ _____
6. Entry Fees.....	\$ _____
7. In Kind Donations.....	\$ _____
8. Other Income (Please Itemize).....	\$ _____
<b>TOTAL.....</b>	<b>\$ _____</b>

**EXPENSES**

1. Tournament Payroll/Personnel Costs.....	\$ _____
2. Value of Awards, Medals or Trophies to Players, Coaches & Teams.....	\$ _____
3. Value of T-Shirts and Other Apparel/Gifts to Players, Coaches & Teams.....	\$ _____
4. Venue Rental.....	\$ _____
5. Team Travel Expenses.....	\$ _____
6. Team Room & Board.....	\$ _____
7. Insurance.....	\$ _____
8. Other Expenses (Please Itemize).....	\$ _____
<b>TOTAL.....</b>	<b>\$ _____</b>

**ADVANCES, REIMBURSEMENTS AND OTHER PAYMENTS  
 TO EACH PARTICIPATING SCHOOL**

School _____	Amount \$ _____
School _____	Amount \$ _____
School _____	Amount \$ _____
School _____	Amount \$ _____

(Use additional sheets as necessary)

Were all schools, as well as their employees and agents, treated equally from a financial standpoint?  Yes  No

Financial Report Certified by:

\_\_\_\_\_  
 Principal of Host School Sign/Print Name Date

\_\_\_\_\_  
 Chief Financial Official for Event Sign/Print Name Date

Copies of this completed form will be forwarded by the NFHS to the State Associations.

**Mail completed form upon request. Please mail to: National Federation of State High School Associations, Attn: Sanctioning, P.O. Box 690, Indianapolis, Indiana 46206**