

Financial Report

WVSSAC Regional Tournament

CIRCLE ONE First Round Quarterfinal Semifinal Final
 Class _____ Region _____

School _____

Date _____ City _____

******This form is for use between member schools participating in the regional tournament******

RECEIPTS:

_____ Adults @ \$.00..... \$ _____

_____ Students @ \$.00 \$ _____

TOTAL RECEIPTS \$ _____

DISBURSEMENTS:

Directors' Fee _____ **\$125.00** _____

Custodians _____ _____

Security _____ _____

Ticket Takers/Sellers _____ _____

Timers/Scorers _____ _____

PA Announcer _____ _____

Supplies _____ _____

Officials _____ _____

Miscellaneous _____ _____

TOTAL DISBURSEMENTS..... \$ _____

PROFIT/LOSS..... \$ _____

AMOUNT DISBURSED OR BILLED TO EACH SCHOOL \$ _____

Director's signature _____

