

District 5 Championship Contest(s) Financial Report

Sport _____	Contest Date _____		
Game Manager _____	Site _____		
Play-In _____	Quarterfinal _____	Semi-Final _____	Final _____
Visiting School: _____	Class _____	Score _____	
Home School: _____	Class _____	Score _____	
Visiting School: _____	Class _____	Score _____	
Home School: _____	Class _____	Score _____	
Visiting School: _____	Class _____	Score _____	
Home School: _____	Class _____	Score _____	

RECEIPTS - GATE SALE

Adult _____	@ _____	=	\$ -
Student _____	@ _____	=	\$ -
Total Gate Sale			\$ -

PRESALE TICKETS

HOME TEAM

Adult _____	@ _____	=	\$ -
Student _____	@ _____	=	\$ -

VISITING TEAM

Adult _____	@ _____	=	\$ -
Student _____	@ _____	=	\$ -

Total Gate Presale \$ -

Total Paid Attendance \$ -

TELECASTING/CABLECASTING/WEBCASTING

Network Call
Letters/Company Name

Game No. (s)

RADIO BROADCASTING

Radio Station Call
Letters and Community

Game No. (s)

TOTAL GROSS RECEIPTS _____

CASH DISBURSEMENTS SUMMARY

Officials Evaluator Honorarium _____ Contest(s) @ _____

Emergency Medical Care (Ambulance/Physician) _____

Scoreboard Operator _____

Statistician (neutral Site/Championship Games Only) _____

Announcer _____

Ticket Seller(s) _____ @ _____

Ticket Taker(s) _____ @ _____

Security _____ @ _____

Miscellaneous: _____

TOTAL CASH DISBURSEMENTS \$ _____ -

CHECK DISBURSEMENTS SUMMARY (TO BE PAID BY DISTRICT 5)

TOTAL CHECK DISBURSEMENT (See Request for Check Form) _____

TOTAL CASH AND CHECK DISBURSEMENTS _____

NET RECEIPTS/DEFICIT (circle one) _____

Submitted By: _____, District 5 Game Manager
Signature

NOTE:

If Net Receipts: Make check payable to "PIAA District 5"

Mail to: Larry W. Palmer, District 5 Treasurer
203 White Oak Hollow Road
Warfordsburg, PA 17267

If Net Deficit: Provide name and address the check for net deficit is to be made payable to:

_____ Name

_____ Address

_____ City, State, Zip

_____ Area Code/Office Phone

_____ Area Code/Home Phone

PIAA District 5 Event	
Event:	Summary
	Date:
REVENUE	
Ticket Sales 06-02-4200	
Broadcasting Fees 06-02-4204	
Entry Fees 06-04-4204	
Other	
TOTAL REVENUE	
EXPENDITURES	
Rental 06-02-5201	
Security 06-02-5221	
Game Managers 06-02-5225	
Assistant Site Manager 06-02-5225	
Medical Personnel 06-02-5241	
Announcer 06-02-5221	
Scorer 06-02-5221	
Timer 06-02-5221	
Ticket Sellers 06-02-5221	
Ticket Takers 06-02-5221	
Custodians 06-02-5201	
Officials 06-03-5231	
Evaluator 06-02-5231	
Others	
TOTAL EXPENDITURES	
DO NOT WRITE BELOW THIS LINE - DISTRICT USE ONLY	
Trophies 06-025208	
Tournament Director 06-02-5223	
Tickets 06-02-5255	
Postage/Supplies 06-02-5119	
Site Insurance 06-02-5270	
Mileage 06-02-5226	
Statistician 06-02-5221	
Miscellaneous 06-02-5110	
TOTAL DISTRICT EXPENSES FOR CHAMPIONSHIP	
REVENUE OVER / UNDER EXPENDITURES	

CONTEST RENTAL SITE

PIAA DISTRICT 5 CHAMPIONSHIP CONTEST(S) REQUEST FOR CHECK FORM

Sport: _____

Contest Date: _____

Site: _____

Game Manager: _____

PIAA District 5 Committees shall issue checks for reimbursement to participating member school, and payments to Contests sites for their rental charges, Contest officials, and all other individuals compensated in the amount excess of \$100 for facilities or services rendered in connection with District Championship Contests. Such payments shall occur following the (1) submission of the respective District Championship Contest (s) financial report, and (2) conclusion of the respective District Championships.

Contest Site	Business Mailing Address of Site	Amount Due	Name of Authorized Site Representative	Telephone Number of Authorized Site Representative	Signature of Authorized Representative

GAME MANAGER: PLEASE DUPLICATE THIS FORM AS NEEDED

DISTRICT 5 APPOINTED GAME MANAGER

PIAA DISTRICT 5 CHAMPIONSHIP CONTEST(S) REQUEST FOR CHECK FORM

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Contest Date: _____

Site: _____

Game Manager: _____

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Game Manager's Full Name	Home Mailing Address	Amount Due	Social Security Number	Home Telephone Number of Game Manager	Signature of Game Manager
Assistant Game Manager's Full Name	Home Mailing Address	Amount Due	Social Security Number	Home Telephone Number of Assistant Game Manager	Signature of Assistant Game Manager
SUBTOTAL AMOUNT DUE		\$ -			

GAME MANAGER: PLEASE DUPLICATE THIS FORM AS NEEDED

DISTRICT 5 ASSIGNED CONTEST OFFICIALS

PIAA DISTRICT 5 CHAMPIONSHIP CONTEST(S) REQUEST FOR CHECK FORM

Sport: _____

Contest Date: _____

Site: _____

Game Manager: _____

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Contest Official's Full Name	Home Mailing Address	Amount Due	Social Security Number	Home Telephone Number of Official	Signature of Official
SUBTOTAL AMOUNT DUE		\$ -			

GAME MANAGER: PLEASE DUPLICATE THIS FORM AS NEEDED

DISTRICT 5 ASSIGNED CONTEST OFFICIALS

PIAA DISTRICT 5 CHAMPIONSHIP CONTEST(S) REQUEST FOR CHECK FORM

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Contest Date: _____

Site: _____

Game Manager: _____

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Contest Official's Full Name	Home Mailing Address	Amount Due	Social Security Number	Home Telephone Number of Official	Signature of Official
SUBTOTAL AMOUNT DUE		\$ -			

GAME MANAGER: PLEASE DUPLICATE THIS FORM AS NEEDED

INDIVIDUALS WHO ARE COMPENSATED IN AN AMOUNT IN EXCESS OF \$100 FOR FACILITIES OR SERVICES RENDERED IN CONNECTION WITH DISTRICT CHAMPIONSHIP CONTEST(S)

PIAA DISTRICT 5 CHAMPIONSHIP CONTEST(S) REQUEST FOR CHECK FORM

Sport: _____

Contest Date: _____

Site: _____

Game Manager: _____

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Full name of Individual and Services Rendered	Home Mailing Address	Amount Due	Social Security Number	Home Telephone Number of Official	Signature of Individual Requesting Payment
SUBTOTAL AMOUNT DUE		\$ -			

GAME MANAGER: PLEASE DUPLICATE THIS FORM AS NEEDED

CHECK DISBURSEMENTS SUMMARY

PIAA DISTRICT 5 CHAMPIONSHIP CONTEST(S) REQUEST FOR CHECK FORM

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Contest Date: _____

Site: _____

Game Manager: _____

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SUBTOTAL	AMOUNT DUE
CONTEST RENTAL SITE	
ALL DISTRICT APPOINTED CONTEST MANAGERS	
PIAA DISTRICT ASSIGNED CONTEST OFFICIALS	
ALL OTHER EVENT PERSONNEL OVER \$100	
TOTAL AMOUNT DUE - Add amount due for site rental and all subtotal amount due boxes and forward this amount to CHECK DISBURSEMENTS SUMMARY (A)	

Signature of Game Manager: _____

Day-Time Telephone Number _____

PLEASE COMPLETE ALL FIELDS IN ORDER FOR PAYMENT TO BE PROCESSED. PLEASE TYPE OR CLEARLY WITH BLUE OR BLACK INK. THANK YOU