

GEORGIA HIGH SCHOOL ASSOCIATION
Post Office Box 271
THOMASTON, GEORGIA 30286
706-647-7473 FAX: 706-647-2638

LACROSSE DOUBLE-HEADER GAMES STATE PLAYOFF FINANCIAL REPORT
(Use this form after Region/Area Winners are Determined)

DATE: _____

LACROSSE GAME: Boys: and/or Girls: Classification: _____

HOST TEAM: _____ VS _____

LACROSSE GAME: Boys: and/or Girls: Classification: _____

HOST TEAM: _____ VS _____

GATE RECEIPTS:

Number of Tickets Sold _____ @ \$10.00 = _____

Number of Digital Tickets Sold _____ @ \$10.00 = _____

RECEIPT OF BROADCASTING FEES _____

TOTAL RECEIPTS _____

Total Number Admitted with GHSA Pass: _____

DEDUCTIONS:

(Note: Local service charges, stadium charges, lights, cost of operating personnel, etc., are not to be deducted prior to the division of funds. All such expenses are the responsibility of the home or host team. It is not necessary to clear the stadium between games. **GHSA %, Officials Fees, and Visiting Team mileage must be paid regardless of gate receipt amount.**)

20% of Total Receipts to GHSA _____

Lacrosse Officials Fees (Pay to Officials Association – will receive invoice) _____

BALANCE: _____

Visiting Team Mileage _____ (80 cents per mile one way) _____
(15 mile minimum)

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BALANCE: _____

¼ to Visiting Team _____ (plus mileage shown above) _____

¼ to Visiting Team _____ (plus mileage shown above) _____

½ to Host Team _____

(Signed)