



# FOOTBALL PLAYOFF AND CHAMPIONSHIP FINANCIAL REPORT



## Six Player

First Round   Quarter Final   Semi-Final   Championship

Circle One

Team: \_\_\_\_\_ vs. Team: \_\_\_\_\_

### RECEIPTS

No. of Tickets	Type of Ticket	Amount Each Ticket	Total Per Ticket Amount	Total Gross Receipts
	Tickets			
	Tickets			
	Tickets			
	Tickets			
<b>Net Receipts:</b>				<b>\$</b>

Six-player football playoffs and championship games will be conducted under the following financial arrangement and charges against the game receipts are to be paid in the order listed: Game officials, \$100 maximum administrative expense, and mileage @ \$2.50 for one round trip.

### EXPENDITURES

#### A. Official / City

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OFFICIALS' FEE & EXPENSES:** \$ \_\_\_\_\_

#### B. Visiting Team's Expenses (Mileage & Per Diem\*)

\_\_\_\_\_ Round trip mileage @ \$2.50 \$ \_\_\_\_\_

**TOTAL VISITING TEAM'S EXPENSES:** \$ \_\_\_\_\_

#### C. Local Administrative Expenses (\$100 maximum unless the playoff utilizes an athletic trainer.)

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ADMINISTRATIVE EXPENSES** \$ \_\_\_\_\_

**D. IF THE GAME REALIZED A PROFIT, SUMMARIZE IN THE FOLLOWING MANNER:**

Receipts \$ \_\_\_\_\_  
Total Expenditures (Items A, B & C) - \_\_\_\_\_

**TOTAL PROFIT** \$ \_\_\_\_\_

Any remaining profits after total expenses have been satisfied will be sent to the MHSA. This money will be held until all playoff games have been completed. All profits from the playoffs and state championships will then be divided equally among the schools participating in the football program in that particular classification.

**E. IF THE SIX-PLAYER GAME REALIZED A LOSS, SUMMARIZE IN THE FOLLOWING MANNER:**

Total Receipts \$ \_\_\_\_\_  
Less Officials' Fees - \_\_\_\_\_  
Less Administrative Expense (\$100 maximum) - \_\_\_\_\_

**NET LOSS (this amount to be sent to visiting school)** \$ \_\_\_\_\_

Date \_\_\_\_\_ Telephone No. \_\_\_\_\_ Signature of Preparer \_\_\_\_\_

Please return completed form and one playoff program with fifteen (15) days to the MHSA office at 1 South Dakota, Helena, MT 59601