



## PIAA DISTRICT ONE – PLAYOFF CONTEST REPORT

### Home Playoff Sites / Higher Seed rev.1/26

CONTEST DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SPORT: \_\_\_\_\_ GAME # on BRACKET \_\_\_\_\_

HOST SCHOOL \_\_\_\_\_ OPPONENT \_\_\_\_\_

GAME MANAGER: \_\_\_\_\_ TOTAL GAME WORKER EXPENSES REIMBURSEMENTS: \$ \_\_\_\_\_

### *ONLINE TICKET INFORMATION AND RECEIPTS (to be filled out by Game Manager)*

#### **GAME RECEIPTS** (to be filled out by District One)

Tickets Sold: \_\_\_\_\_

Tickets Scanned: \_\_\_\_\_

Gross Game Receipts: \_\_\_\_\_

Additional Receipts (media fees): \_\_\_\_\_

**GAME MGR / ATHLETIC DIRECTOR SIGNATURE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reviewed by District One Executive Director: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Reviewed by District One Treasurer: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Submit completed reports to District One Office

## PLAYOFF CONTEST REPORT – CASH SALES RECORD

CONTEST DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SPORT: \_\_\_\_\_ GAME # on BRACKET \_\_\_\_\_

NUMBER of CASH TICKETS SOLD: \_\_\_\_\_ CONTEST TICKET PRICE: \$ \_\_\_\_\_

DEPOSIT DATE: \_\_\_\_\_

GAME MANAGER SIGNATURE: \_\_\_\_\_

TICKET SELLER SIGNATURE: \_\_\_\_\_

### **Process / Policies for Tickets paid with Cash**

<ul style="list-style-type: none"><li>• Exact payment required (No cash box)</li><li>• provide the table for tickets</li><li>• Use of cell phone or tablet</li><li>• Utilize hometown ticket gate app. (Choose either text or e-mail the ticket receipts or select done)</li><li>• Ticket seller shall count the cash with game manager</li></ul>	<ul style="list-style-type: none"><li>• Sign Document with game manager which verifies cash tickets sold and cash collected.</li><li>• Fill out this deposit slip provided for Citizens Bank and deposit cash.</li><li>• On the deposit slip provide the date of the event, sport, and participating teams.</li><li>• Includes the cash ticket record with the game report</li></ul>
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## PIAA DISTRICT ONE PLAYOFF CONTEST FINANCIAL REPORT

*please print legibly*

Game Manager – Name	Mailing Address	SS # (if not on file with D1)	Signature

School / School District	Mailing Address

### **ADDITIONAL EXPENSES EXPECTED**

List below any expenses NOT PAID at the game such as Security, Police Ambulance, Game Site Expenses. Invoices must include the EIN or SSN. The supplier/vendor will submit an invoice to the game manager or directly to District One c/o: Executive Secretary PIAA District One P.O. Box 925 Doylestown, PA 18901

Print Vendor/Supplier Name		Position/Duty	\$ Estimated Amount
1.			
2.			
3.			
4.			
5.			
6.			

Game Mgr. Initials: \_\_\_\_\_

**PIAA DISTRICT ONE PLAYOFF CONTEST FINANCIAL REPORT****PIAA GAME OFFICIALS**

(list officials and sign this form / use additional sheets as needed / official's address – not required)

	Print Name	Position/Duty	\$ Amount	Signature
1.		PIAA Officials	Approved by D1	
2.		PIAA Officials	Approved by D1	
3.		PIAA Officials	Approved by D1	
4.		PIAA Officials	Approved by D1	
5.		PIAA Officials	Approved by D1	
6.		PIAA Officials	Approved by D1	
7.		PIAA Officials	Approved by D1	
8.		PIAA Officials	Approved by D1	
9.		PIAA Officials	Approved by D1	
10.		PIAA Officials	Approved by D1	

Game Mgr. Initials: \_\_\_\_\_

**PIAA DISTRICT ONE PLAYOFF CONTEST FINANCIAL REPORT**  
**GAME WORKER DISBURSEMENTS**

Game Number: \_\_\_\_\_ Sport: \_\_\_\_\_ Date & of Contest: \_\_\_\_\_ Site of Contest: \_\_\_\_\_

	Print Name	Position/Duty	Amount	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
Total paid to Game Workers				

Game Mgr. Initials: \_\_\_\_\_

**PIAA DISTRICT ONE PLAYOFF CONTEST FINANCIAL REPORT**  
**GAME WORKER DISBURSEMENTS**

**Game Number:** \_\_\_\_\_ **Sport:** \_\_\_\_\_ **Date of Contest:** \_\_\_\_\_ **Site of Contest:** \_\_\_\_\_

	Print Name	Position/Duty	Amount	Signature
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
Total paid to Game Workers				

Game Mgr. Initials: \_\_\_\_\_