

PIAA DISTRICT ONE WRESTLING TOURNAMENT SUMMARY FINANCIAL REPORT

Please print and complete all information listed

Site of Tournament: _____ Game Manager: _____ Date(s): _____

Circle One: District Duals AAA Districts AA Districts AAA Regionals

List the sub-totals from each session below:

(From Form 105)	Tickets Sold	Cost Per Ticket	Sub Total Collected	Total Collected
Session 1:	_____ @ _____	_____ = _____	_____	
Session 2:	_____ @ _____	_____ = _____	_____	
Session 3:	_____ @ _____	_____ = _____	_____	
Total Tickets Sold:	_____ @ _____	_____ = _____	_____	_____
"All Session" Total Tickets (if) Sold: _____ @ _____ = _____				_____

List Additional Receipts (TV, Web, Pre-Sale, Etc.) _____		_____
	+	_____
Less Cash Disbursements (total from Cash Disbursement Forms)		_____
	-	_____
Net Cash Receipts (to be deposited in Citizens Bank)		_____
	=	_____

Citizens Bank Account Number: _____
 621318-740-9

Net Tournament Total: _____

Signature of Game Manager: _____ / /
 Reviewed by District One Treasurer: _____ / /
 Approved by District One Exec. Sec. _____ / /

Attach deposit slip or copy from Citizens Bank to this page or on additional page.

Completed reports must be submitted to Sean Kelly, Asst. Exec. Sec. by email: sean@piaad1.org or fax: 215.933.6108

PIAA DISTRICT WRESTLING TOURNAMENT SESSION FIANNCIAL REPORT

Please print and complete all information listed

Site of Tournament: _____ Game Manager: _____ Date(s): _____

Circle One: District Duals AAA Districts AA Districts AAA Regionals

Session (circle one): Session 1 Session 2 Session 3

List ticket information for each roll used. Subtract the number of the first ticket sold from the number of the last ticket sold and add one to determine the Number of tickets sold. List the color of the tickets for each roll. (Use an additional copy of this sheet if more than 6 rolls are used)

Mark N/A if not used

	Ticket Color	# of First Sold	Last Sold		Total Sold	Cost per ticket	Total Collected
1 st Roll	_____	_____	to _____	= _____	@ _____	= _____	_____
2 nd Roll	_____	_____	to _____	= _____	@ _____	= _____	_____
3 rd Roll	_____	_____	to _____	= _____	@ _____	= _____	_____
4 th Roll	_____	_____	to _____	= _____	@ _____	= _____	_____
5 th Roll	_____	_____	to _____	= _____	@ _____	= _____	_____
6 th Roll	_____	_____	to _____	= _____	@ _____	= _____	_____
(a.) Total Session Tickets Sold:					_____	@ _____	= _____ (a)

All Session Tickets (if) Sold:

_____ to _____ = _____ @ _____ = _____ (b)

(c) Total Receipts for Session and "All Session" (a + b) = _____ (c)

(Transfer this amount to FORM 106)

Game Manager Initials _____ / _____ / _____

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Page _____ of _____ (total pages submitted)

PIAA DISTRICT ONE CHAMPIONSHIP CONTEST FINANCIAL REPORT - CASH DISBURSEMENTS

Please print and complete all information listed

Game Number: _____ Sport: _____ Date & of Contest: ____ / ____ / ____ Site of Contest: _____

This form is to be used for all disbursements of cash for game expenses **less than \$100.00**. **Expenses of \$100.00** or more must be reported on the **CHECK DISBURSEMENTS** forms. Use additional sheets as needed.

	Print Name	Position/Duty	\$ Amount	Social Security # Required	Signature
1.				- -	
2.				- -	
3.				- -	
4.				- -	
5.				- -	
6.				- -	
7.				- -	
8.				- -	
9.				- -	
10.				- -	
	Total Cash paid from Gate Receipts				

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PIAA DISTRICT ONE CHAMPIONSHIP CONTEST FINANCIAL REPORT - CHECK DISBURSEMENTS

Please print and complete all information listed

Game Number: _____ Sport: _____ Date of Contest: ____ / ____ / ____ . Site of Contest: _____

This form is to be used for all disbursements of cash for game expenses **of \$100.00 or more.** Expenses less than \$100.00 may be paid in cash and reported on the **CASH DISBURSEMENTS** form(s). **PIAA Officials should be listed and sign this form with the amount left blank.** Use additional sheets as needed.

	Print Name	Position/Duty	\$ Amount	Mailing Address Print 2 lines	Social Security # Required	Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

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PIAA DISTRICT ONE CHAMPIONSHIP CONTEST FINANCIAL REPORT ADDITIONAL EXPENSES EXPECTED

Please print and complete all information listed

Game Number: _____ Sport: _____ Date & of Contest: ____ / ____ / ____ . Site of Contest: _____

This form is to be used for any expenses **NOT PAID** at the game such as Security, Police Ambulance, Game Site Expenses.
The supplier/vendor will submit an invoice to the game manager or directly to District One c/o:

Sean Kelly, Assistant Executive Secretary
PIAA District One
P.O. Box 925
Doylestown, PA 18901

Invoices must include the EIN or SSN.

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

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FORM 104 Game Mgr. Initials: _____

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