



**PIAA DISTRICT ONE – PLAYOFF CONTEST REPORT**  
**(Home Playoff Sites / Higher Seed)** rev.10.1.22

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

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

**GAME MANAGER:** \_\_\_\_\_

**ONLINE TICKET INFORMATION**

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

List Additional Receipts \_\_\_\_\_  
(Media Streaming Fees, etc.)

**Gross Game Receipts Total = \$** \_\_\_\_\_

**TOTAL GAME WORKER EXPENSES**  
**REIMBURSEMENT TO SCHOOLS. \$** \_\_\_\_\_

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

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

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

**Completed reports must be submitted to District One Office by email: [SEAN@PIAAD1.ORG](mailto:SEAN@PIAAD1.ORG)**

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

*please print legibly*

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

<b>School / School District</b>	<b>Mailing Address</b>

This form is to be used to identify game workers. Schools / School Districts will be reimbursed by District One for Game Help expenses.

	<b>Print Name</b>	<b>Position/Duty</b>	<b>Signature</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**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.			

**Completed reports must be submitted to Sean Kelly by email [sean@piaad1.org](mailto:sean@piaad1.org)**

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

Page \_\_\_\_ of \_\_\_\_ (total pages submitted)

**PIAA Officials should be listed and sign this form.** Use additional sheets as needed.

	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 Number: \_\_\_\_\_ Sport: \_\_\_\_\_ Date of Contest: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Site of Contest: