



WRESTLING TOURNAMENT FINANCIAL REPORT



Class: _____ **Division or State:** _____

Location of Tournament: _____ **Date:** _____

RECEIPTS

NO. OF TICKETS	TYPE OF TICKET	AMOUNT EACH TICKET	TOTAL PER TICKET AMOUNT	TOTAL GROSS RECEIPTS
	Adult All-Session			
	Student All-Session			
	General Admission			
	General Admission			
	General Admission			
	General Admission			
	Other			
NET RECEIPTS				

GENERAL TOURNAMENT EXPENSES

REFEREES (include fees & motel) Total \$ _____

GENERAL ADMINISTRATIVE EXPENSE (From Back) Total \$ _____

FACILITIES EXPENSE (From Back) Total \$ _____

TOTAL GENERAL TOURNAMENT EXPENSES \$ _____

NET PROFIT: Net Receipts less General Tournament Expenses \$ _____

DISTRIBUTION OF PROFIT: After all allowable tournament expenses are paid, the balance remaining shall be designated as team expenses and shall be paid as follows: Each participant from any one school shall be paid a per diem based on the amount of remaining profits, divided by the total number of contestants minus contestants in the host city schools.

_____ wrestlers @ _____ each \$ _____

Package Bid (if not package bid, itemize below): \$ _____

Administrative Expenses (Itemize fully unless it is a package deal) Administrative expenses (if any) are normally for the following: Printing tickets, advertising, signs, postage, telephone and clerical. Note: filming championships is not an allowable expense of the tournament.

- 1. Printing of Tickets \$ _____
- 2. \$ _____
- 3. \$ _____
- 4. \$ _____
- 5. \$ _____

TOTAL ADMINISTRATIVE EXPENSE..... \$ _____

Facility Expenses (Itemize fully unless it is a package deal). Facility expenses (rental) shall include all charges, if any, for the following: Extra custodial service, utilities, ticket sales, ticket takers, police, ushers, parking attendants, first aid room, towel services, rental of additional mats and timing devices.

- 1. \$ _____
- 2. \$ _____
- 3. \$ _____
- 4. \$ _____
- 5. \$ _____

TOTAL USE OF FACILITY EXPENSES \$ _____

For MHSА records, please list names and home cities of referees who officiated the tournament

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____

Date _____ Telephone No. _____ Signature & email of Preparer _____

Please return completed form and one tournament program within fifteen (15) days following the event to the MHSА, 1 South Dakota Avenue, Helena, MT 59601