

# SOFTBALL

## SITE CHAIRPERSON FINANCIAL REPORT

### For Section VI Finals

Site:		Date:	
-------	--	-------	--

#### COMPETING SCHOOLS AND SCORES

	vs.		Class:	
	vs.		Class:	
	vs.		Class:	
	vs.		Class:	

Site Chairperson:	
School Address:	
Telephone	

### FINANCIAL DATA

#### REVENUE:

Ticket #		To Ticket #	
----------	--	-------------	--

Total Tickets		@	\$	=	\$
Program Sales		@	\$	=	\$
<b>Total Receipts</b>					\$
Expenses Administrative (from back)					\$
Officials (from back)					\$
<b>Total Site Expenses (from back)</b>					<b>\$</b>

1. **Send this original report and grand total receipts check to:**

NYSPHSAA, Section VI Inc.  
 Attn: Treasurer  
 355 Harlem Road  
 West Seneca, NY 14224

#### OFFICE USE ONLY:

CHECK # \_\_\_\_\_ DATE ISSUED \_\_\_\_\_ MEMO: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

## SOFTBALL SITE EXPENSES FOR FINALS

Rates: **Site Chairperson:** 1 Contest \$58.00      2 contests \$78.00      3 or more contests \$98.00 (not simultaneous)  
**Other Adult administration:** 1 Contest \$45.00      2 contests \$58.00      3 or more contests \$70.00 (not simultaneous)

**ADMINISTRATIVE EXPENSES:** Name, Social Security #, complete address, signature are REQUIRED to receive payment.

DUTY	PRINT NAME	SOC. SEC. #	PRINT STREET, CITY, STATE, ZIP CODE	FEE	SIGNATURE
Site Chairperson					
Announcer					
Scorer					
Supervisor					
Supervisor					
SECVI Tickets					
SECVI Tickets					
SECVI Tickets					
SECVI Tickets					
SECVI Tickets					
SECVI Tickets					

TOTAL ADMINISTRATIVE EXPENSES: \_\_\_\_\_

**OFFICIALS EXPENSES:** Game #, name, ID or Social Security #, complete address, signature are REQUIRED to receive payment.

GAME	PRINT NAME	Section6 ID #	PRINT STREET, CITY, STATE, ZIP CODE	DUTY	FEE	SIGNATURE
1						
1						
1						
2						
2						
2						
3						
3						
3						

TOTAL OFFICIALS EXPENSES: \_\_\_\_\_

TOTAL SITE EXPENSES: \_\_\_\_\_