

Wrestling

SITE CHAIRPERSON'S FINANCIAL REPORT For Section VI Class Tournaments

Site:		Class		Date:	
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COMPETING SCHOOLS

Site Chairperson:	
School Address:	
Telephone	

FINANCIAL DATA

REVENUE: Gate-Sale Tickets

All session pass		@	\$	=	\$
Friday PM		@	\$	=	\$
Saturday AM		@	\$	=	\$
Saturday PM		@	\$	=	\$
Program Sales		@	\$	=	\$
Total Receipts					\$
Expenses Administrative (from back)					\$
Officials (from back)					\$
Total Site Expenses (from back)					\$

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

NYSPHSAA, Section VI Inc. C/O Treasurer
 355 Harlem Road
 West Seneca, NY 14224

2. **Copy report and mail to Sport Chairperson**
Expense check(s) will be issued to school(s)/organization(s) only, not to individuals.

OFFICE USE ONLY:

CHECK # _____ DATE ISSUED _____ MEMO: _____

APPROVED BY: _____

WRESTLING SITE EXPENSES FOR SECTIONAL CLASS TOURNAMENTS

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)

MAXIMUM ADMINISTRATIVE EXPENSES TO BE PAID \$800

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

PLEASE NOTE: The section will pay only the administrative expenses listed below. Payment for additional personnel requires justification and/or prior approval from the section. Administrative expenses below should be reported only when revenues are collected.

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

TOTAL ADMINISTRATIVE EXPENSES: _____

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

*** Effective 9/1/06. Section VI will issue checks to ALL Officials for semi-finals and finals.

GAME	PRINT NAME	SECTION 6 ID#	PRINT STREET, CITY, STATE, ZIP CODE	DUTY	FEE	SIGNATURE

(Attach additional sheets if necessary)

TOTAL OFFICIALS EXPENSES: _____

TOTAL SITE EXPENSES: _____