



**WYOMING HIGH SCHOOL ACTIVITIES ASSOCIATION
731 EAST 2ND STREET
CASPER, WY 82601-2620**

INCOME STATEMENT

DATE OF EVENT: _____ CLASS: _____
LOCATION: _____ LEVEL: _____
DIRECTOR: _____ SPORT: _____

PLEASE COMPLETE THIS FORM AND SEND THE TOTAL GROSS REVENUES TO THE WHSAA OFFICE IMMEDIATELY so that the host school's bid amount or fifteen percent can be forwarded as soon as possible.

TOTAL GATE REVENUES \$ _____
ADVANCE TICKET SALES _____
OTHER (VOUCHERS) _____
TOTAL GROSS REVENUES _____

(SEND THIS AMOUNT TO THE WHSAA)

OUR COUNTY SALES TAX IS % _____
(THE WHSAA OFFICE NEEDS THIS INFORMATION TO FIGURE THE PROPER SALES TAX.)

TOURNAMENT DIRECTOR'S SIGNATURE

WHSAA OFFICE USE ONLY

TOTAL GROSS REVENUES \$ _____
SALES TAX PAID _____
BID AMOUNT OR 15% PAID _____
ADJUSTED GROSS REVENUE _____

PAID 15% DATE: _____ CHECK # _____ AMOUNT: _____