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: ___________