

TENNESSEE SECONDARY SCHOOL ATHLETIC ASSOCIATION
Hall of Champions Basketball Game Financial Report

HOST SCHOOL: _____

OPPONENT: _____

DATE OF CONTEST: _____ BOYS/GIRLS: _____

RECEIPTS

_____ Tickets sold @ \$ _____ Total \$ _____

Other Revenue _____

TOTAL RECEIPTS: \$ _____

Officials Expense

_____ Officials used @ \$ _____ Total \$ _____

Receipts less Officials \$ _____

X 75% (Amount to be sent to TSSAA) = \$ _____

I certify that the above information is correct.

Signature of Game Director: _____

Date: _____

To Game Director: Please mail one copy of this report along with net receipts to:

TSSAA
P. O. Box 319
Hermitage, TN 37076