

**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