



# STATE PLAYOFF FINANCIAL REPORT



**Sport:** \_\_\_\_\_

**Championship Level (Choose One):**

District

Regional

State Championship

**Host School:** \_\_\_\_\_

**Site:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Participating Teams:**

**Visiting Team:** \_\_\_\_\_

**Home Team:** \_\_\_\_\_

**Fee Calculation:**

**Total Gate:** \_\_\_\_\_

*Minus (-)*

**Officials' Fees:** \_\_\_\_\_

=

**Gate Profit:** \_\_\_\_\_

**25% of Gate Profit to FICAA\*:** \_\_\_\_\_

\_\_\_\_\_  
Host School Administrator Signature

\_\_\_\_\_  
Host School Athletic Director Signature

\_\_\_\_\_  
Host School Administrator Printed Name

\_\_\_\_\_  
Host School Athletic Director Printed Name

*Mail check (made payable to FICAA) along with this report to the FICAA office at:  
FICAA, PO Box 15481, Tallahassee, FL 32317*

*\*ALL FEES DUE TO THE FICAA WITHIN FIVE (5) DAYS AFTER DATE OF EVENT*