

2015-16 Financial Report for IHSA Speech Individual Events Contest

| Illinois High School Association  | insa speech individ   | uai Events Contest |
|---|---|--------------------|
| 2715 McGraw Dr., Bloomington, IL 6170<br>Phone: 309-663-6377<br>Fax: 309-663-7479 | Regional Sectional  |                    |
| Contest to be held at:  |   | High School        |
| Address   | City  | Zip                |
|   | RECEIPTS  |                    |
| Event Entr  | y Fees \$   |                    |
| Late Withd  | Irawal Fees of \$25.00 per entry \$   |                    |
|   |   | GROSS RECEIPTS \$  |
|   | EXPENDITURES  |                    |
|   | 0 per round and Sectional fees are \$20.00 per roun officials who travel over one hundred miles round to ged is considered a separate round.) |                    |
| Name  | Address   | Fee                |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$<br>\$           |
|   |   | s                  |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$                 |
| OTHER EXPENSES (Please Itemize)   |   |                    |
|   |   | \$                 |
|   |   | \$                 |
|   |   | \$                 |
|   | Total (   | Other Expenses \$  |
|   | Total E   | expenditures \$    |
|   |   | Net Income \$      |
|   |   | or Deficit \$      |

Signature of Manager

Signature of Principal

| icipating Schools  | Event Entry Fees   |
|--------------------|--------------------|
| dicipating schools | Lvent Littly i ees |
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| Total Eve          | ent Entry Fees     |

This financial report must be submitted to the IHSA Office within 10 days of the completion of your tournament.

Failure to submit the report within 60 days will result in the forfeiture of any refund or host guarantee.

Mail your report to IHSA, 2715 McGraw Drive, Bloomington, IL 61704, or fax it to 309-663-7479. If you have any questions, please contact Tammy Craig at 309-663-6377 or tcraig@ihsa.org.