

Powerlifting Financial Report Form



MISSISSIPPI HIGH SCHOOL ACTIVITIES ASSOCIATION, INC.
 P. O. BOX 127, CLINTON, MISSISSIPPI 39060
 FAX – 601-924-1725

1A 4A

Location: _____

2A 5A

Date: _____

3A 6A All Classes

1. Receipts:

Gate Receipts..... \$ _____

School Entry Fees..... \$ _____

Total Receipts..... \$ _____

2. Less Amount Paid to Officials..... \$ _____

3. Net Receipts..... \$ _____

4. 30% of #3 above to MHSAA..... \$ _____

5. 70% of #3 above divided to Host School..... \$ _____

Meet Director: _____

School: _____

Principal Signature: _____

School Phone #: _____

School Fax #: _____

Please complete this report, attach check, and return with thirty (30) days to the Mississippi High School Activities Association, P. O. Box 127, Clinton, Mississippi 39060.

MHSAA Office Use Only	
Check NO.:	Date:
From:	
P.O. NO.:	Date:
Date Deposited:	
Amount:	