

CIF-San Diego Section
 6401 Linda Vista Rd. #504
 San Diego, CA 92111

858-292-8165
 858-292-1375 (FAX)

CIFSDS PLAYOFF GAME REPORT-BASKETBALL
 RETURN THIS FORM TO THE CIFSDS OFFICE WITHIN 14 DAYS OF THE CONTEST

School _____
 Event Site _____
 Event Date _____

Round **First** **Qfinals** **Sfinals**
 Check Box 1 Check Box 2 Check Box 3
Division **I** **II** **III** **IV** **V**
 Check Box 4 Check Box 5 Check Box 6 Check Box 7 Check Box 8

PART I **PRE-GAME ADULT TICKET SALES (home & visitors)** = _____
 (Transfer amount from Ticket Control Sheet)
PRE-GAME STUDENT TICKET SALES (home and visitors) = _____
 (Transfer amount from Ticket Control Sheet)

PART II **GATE ADULT TICKET SALES** = _____
 (Transfer amount from Ticket Control Sheet)
GATE STUDENT/SENIOR TICKET SALES = _____
 (Transfer amount from Ticket Control Sheet)

PART III **GROSS INCOME** = \$0.00

PART IV **EXPENSES/REBATE**

A. Expense cap. Expenses includes site director, announcer, school security/supervision, custodians, timers, scorer, ticket sellers/takers, police, medical/trainer, chain crew

Division	First	Qfinals	Sfinals
I & II	\$325	\$325	\$500
III & IV	\$250	\$250	\$375
V	\$200	\$200	\$300

(Amount based on your division/round of playoff) = _____

B. Site Rental = _____
 (Advanced approval of CIFSDS Commissioner required)

C. Officials = _____

D. Pre-Game Ticket Sales Rebate (home and visitors) = _____
 (Transfer amount from Ticket Control Sheet)

E. TOTAL EXPENSES/REBATE (A+B+C+D) = \$0.00

PART V **NET INCOME/LOSS** = \$0.00

Visiting School Share \$0.00 (send this amount/invoice to the visiting school)
 CIFSDS Share \$0.00 (send this amount/invoice to CIFSDS)

Submitted by: _____
 Title: _____
 Phone Number: _____ Date: _____

(email the completed form to: choggard@sdcoe.net)