



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



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

School _____
 Event Site _____
 Event Date _____
 Visiting School _____

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

		Round First	Qfinals	Sfinals	
		Check Box 1	<input type="checkbox"/> Check Box 2	<input type="checkbox"/> Check Box 3	
Division	I	III	IV	V	
	<input type="checkbox"/> Check Box	<input type="checkbox"/> Check Box 5	<input type="checkbox"/> Check Box 6	<input type="checkbox"/> Check Box 7	<input type="checkbox"/> 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	\$1,500	\$1,800	\$2,100		
II	\$1,400	\$1,700	\$2,000		
III	\$1,300	\$1,600	\$1,900		
IV	\$800	\$1,000	\$1,300		
V	\$500	\$800	\$1,000		

(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)