

FINANCIAL REPORT FOR FOOTBALL PLAYOFF GAMES  
UNIVERSITY INTERSCHOLASTIC LEAGUE

Please complete and return to: University Interscholastic League  
PO Box 8028 - University Station  
Austin, TX 78713-8028

Date: \_\_\_\_\_ Conference: \_\_\_\_\_ Division: \_\_\_\_\_

Visiting Team: \_\_\_\_\_ Home Team: \_\_\_\_\_

1. Reserved Seats	_____	x	_____	=	_____
2. Adult General Admission	_____	x	_____	=	_____
3. Student Admission	_____	x	_____	=	_____
4. Pre-Game Home Team	_____	x	_____	=	_____
5. Pre-Game Visiting Team	_____	x	_____	=	_____
6. Special-Other	_____	x	_____	=	_____
7. <b>Total Gross Receipts:</b>					_____*

\* Use as the basis for 15% due UIL. Payment and financial report are due 30 days from the date the game is played.

**EXPENSES**

8. Interscholastic League Fee (15% of gross gate) - <b>Make Check Payable to:</b> University of Texas at Austin	_____			
9. Visiting Team Travel Guarantee (if any)	_____			
10. Officials	_____			
11. Other Expenses (list)	_____			
	_____			
	_____			
12. <b>Total Expenses of Game:</b>				_____
13. Less Visiting Teams' Travel Guarantee (if any)				_____
14. Sub-total (line 12 minus line 13)				_____
15. <b>Net to be Divided:</b> ( line 7 minus line 14)				_____

**DIVISION**

16. Visiting Team's Share				_____
17. Visiting Team's Travel Guarantee				_____
18. <b>Sub-total</b> (line 16 plus line 17)				_____
19. Visiting Team's Sales				
20. _____ Reserved Seats	@	_____	=	_____
21. _____ General Admission	@	_____	=	_____
22. _____ Student Admission	@	_____	=	_____
23. _____ Special Tickets	@	_____	=	_____
24. <b>Total gate retained by visiting team</b>				_____
25. <b>Net Check to Visiting Team</b> (line 18 minus line 24)				_____
26. <b>Home Team's Share of Gate</b> (line 15 minus line 18)				_____

Playoff Site: \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

USE FOR FOOTBALL PLAYOFF GAMES ONLY  
Duplicate This Form As Needed