

Signature of Manager

2019-20 Financial Report for IHSA Speech Drama and Group Interpretation Sectional Contest

Illinois High School Association 2715 McGraw Dr., Bloomington, IL 61704 Phone: 309-663-6377

hone: 309-663-6377 ax: 309-663-7479			
Sectional Contest to be held	at:		High School
Address	City		Zip
	RECEIPTS		
Event l	Entry Fees	\$	
Late Fe	ees	\$	
	FVDENDITUDE	GROSS RECEIPT	\$ \$
CES EEES, Drama \$20.00 por	EXPENDITURE play judges. Group Interpretation\$15.0		
ne	Address	oo per performance judged.	Fee
	Address		\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
ER EXPENSES (Please Itemi			
			\$
			\$
			\$
			\$
		Total Other Expenses	; \$
		Total Expenditures	\$
		Net Inc	come \$
		or D	eficit \$

Signature of Principal

Please list each school entered in your sectional Drama/Group Interpretation contest and the amount event entry fees and event withdrawal fees.	ount re	ceived from each school,
Participating Schools		Event Entry Fees
Table and Education		
Total Event Entry Fees		
Please list the schools who did not pay fees (penalty or otherwise) or who were entered in your se Interpretation Contest, but did not participate.	ctiona	l Drama/Group

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 Adela Espindola at 309-663-6377 or aespindola@ihsa.org.