



OSAA / U.S. Bank / Les Schwab Tires  
**EVENT MANAGEMENT & TICKET REPORT**

To receive OSAA reimbursement, this form must be completed.  
Use only one form per game report.  
Please submit within one week of contest.



Click here to use the new [Editable Form](#)

\_\_\_\_\_ vs. \_\_\_\_\_ Class: \_\_\_\_\_ Date of game: \_\_\_\_\_

**Reimbursement for Expenses**

**Do Not Deduct From Gate Receipts**

Sport: \_\_\_\_\_

Boys ☐ Girls ☐ (Check one)

_____ Ticket takers @ \$20.00 per game	= \$ _____
_____ Ticket sellers @ \$20.00 per game	= \$ _____
_____ Announcer @ \$20.00 per game	= \$ _____
_____ Clock @ \$20.00 per game	= \$ _____
_____ Score Book @ \$20.00 per game	= \$ _____
_____ Supervision @ \$20.00 per game	= \$ _____
Other with prior approval: _____	= \$ _____
Other with prior approval: _____	= \$ _____
	\$ _____

Approval must be granted by the OSAA for any expense that is beyond your normal expenses to host a league game. These might include, but would not be limited to, field rental, additional security or police, portable bleacher rental, portable restrooms. **Receipts must be attached.**

**TICKET SALES** - The OSAA auditor has requested a record of beginning and ending ticket numbers.  
**SCHOOLS WILL BE HELD RESPONSIBLE FOR TICKETS SOLD AND CASH RECEIVED.**

	Event Begin # -	Event Ending #	No. = Sold	x Price	= TOTAL \$
Student	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Adult	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Reserved	_____	_____	_____	_____	_____

**\*TOTAL \$ \_\_\_\_\_ \*Please attach check.**

Send to:  
**Oregon School Activities Association**  
**25200 SW Parkway Avenue, Suite 1**  
**Wilsonville, OR 97070**

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**MAKE ADDITIONAL COPIES AS NEEDED**

Principal / AD Signature: \_\_\_\_\_