

Report No. _____ (FOR OFFICE USE, ONLY)

Sectional Team Semi _____ Sectional Team Final _____ State Group Team _____
District _____ Region _____ State Semi-Finals _____ State Finals _____

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION WRESTLING OPERATIONS REPORT

Location _____

Session 1	_____	Date _____	Time _____
2	_____	Date _____	Time _____
3	_____	Date _____	Time _____
4	_____	Date _____	Time _____

Name of person in charge: _____

Address: _____

Telephones: _____ Home: _____ Business: _____

SECTION NO. 1—ATTENDANCE ANALYSIS

Session 1

Adult Admissions: _____

Student/Sr. Citizens Tickets: _____

Session 2

Adult Admissions: _____

Student/Sr. Citizens Tickets: _____

Session 3

Adult Admissions: _____

Student/Sr. Citizens Tickets: _____

Session 4

Adult Admissions: _____

Student/Sr. Citizens Tickets: _____

TOTAL ATTENDANCE: _____

SECTION NO. 2—COMPUTATION OF NET RECEIPTS

Gross Receipts (Pg. 4,
Total Gross Receipts): \$ _____

Less Paid Payroll (Pg. 2-3):
(Do not include advance payments) \$ _____

Net Receipts: \$ _____

The "Net Receipts," as stated immediately above, are forwarded in the form of a CHECK—MONEY ORDER made payable to the "NJSIAA"—with this "Operation Report."

(SIGNED) _____
(Site Manager)

Date: _____

PROFIT AND LOSS STATEMENT

SECTION NO. 3—FOR OFFICE RECORD ONLY

DO NOT USE THIS SECTION

RECEIPTS:

Adults # _____ @ \$ _____ \$ _____

Students and Senior Citizens # _____ @ \$ _____ \$ _____

Total _____

Payroll: Manager \$ _____

Officials _____

Police _____

Custodial _____

Other _____

Employees _____

Seeding _____

Misc. _____

Profit or Loss \$ _____

NOTE: Operations report and check for net receipts should be sent by First Class Mail immediately to central office! Unused tickets can be sent separately at a later date at the least expensive postal rate.

PAYROLL

*Keep all employees of one category together, i.e.
list all officials, all police, staff, etc.*

List advance payroll
Personnel First and
DO NOT TOTAL

	NAME (To be Printed by Site Manager)	Type of Services	Actual Amount Due	Amount Paid	SIGNATURE OF EMPLOYEE (Only those paid from Gate revenue)
1			\$	\$	
2			\$	\$	
3			\$	\$	
4			\$	\$	
5			\$	\$	
6			\$	\$	
7			\$	\$	
8			\$	\$	
9			\$	\$	
10			\$	\$	
11			\$	\$	
12			\$	\$	
13			\$	\$	
14			\$	\$	
15			\$	\$	
16			\$	\$	
17			\$	\$	
18			\$	\$	
19			\$	\$	
20			\$	\$	

22			\$	\$	
23			\$	\$	
24			\$	\$	
25			\$	\$	
26			\$	\$	
27			\$	\$	
28			\$	\$	
29			\$	\$	
30			\$	\$	
31			\$	\$	
32			\$	\$	
33			\$	\$	
34			\$	\$	
35			\$	\$	
		TOTAL	\$	\$	
		AMOUNT NOT PAID (To be paid by NISIAA check)		\$	

NOTE: EMPLOYEES FROM YOUR SCHOOL NOT PAID FROM GATE WILL HAVE CHECKS SENT TO SITE MANAGER. ANY EMPLOYEE NOT PAID, MANAGER IS REQUESTED TO PRINT NAME & ADDRESS i.e. police, etc.

REMARKS:

Closing No. is the last ticket remaining on the roll

SECTION 5—RECAPITULATION OF RECEIPTS

COLOR ROLL No. 1

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 2

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 3

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 4

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 5

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 6

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 7

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 8

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 9

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 10

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 11

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

COLOR ROLL No. 12

1. Closing No. _____
 2. Opening No. _____
 3. Total _____
 4. Price \$. _____
 Gross Receipts \$ _____

TOTAL GROSS RECEIPTS \$ _____

Because seeding for the wrestling group sectionals has been moved to Thursday, February 5 at 1:00 it will be impossible to get the tickets packets to all schools that are seeded #3 and #4, the quarterfinal round, scheduled for Monday February 9. We are asking that those schools scheduled to participate in the quarterfinals on February 9 use their own tickets for admission. The following forms are posted on our website under the wrestling tab to download: Operations Report, General Release, Operations Payroll, Injury Report and Police Procedure. The price of the tickets are whatever you charged during your regular season.

If you have any questions, please don't hesitate to contact me.

New Jersey State Interscholastic Athletic Association
PO Box 487, Route 130 North Robbinsville, NJ 08691

GENERAL RELEASE

KNOWN ALL MEN BY THESE PRESENT:

That I, _____ do hereby remise, release, and forever discharge the NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION (NJSIAA), THEIR HEIRS, THEIR EXECUTORS, ASSIGNORS, and ADMINISTRATORS from any and all manner of actions and causes of contracts suits, debts, dues, accounts, covenants, agreements, judgments, claims, actions, and demands whatsoever in law or equity which I ever had, now have, and/or may have for any reason to specifically include my employment as an official. I understand that my employment as an interscholastic athletic tournament official is subject to the rules and policies of the New Jersey State Interscholastic Athletic Association (NJSIAA), Federal and State Tax Rules, and I am an INDEPENDENT CONTRACTOR and NOT AN EMPLOYEE of the New Jersey State Interscholastic Athletic Association (NJSIAA).

WITNESS THE FOLLOWING SIGNATURES THIS _____ DAY OF _____, 2015

Officials Signature: _____

Officials Name and Address (*PLEASE PRINT*): _____

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

2015 TEAM WRESTLING CHAMPIONSHIP

OPERATIONS PAYROLL

EMPLOYEES	FEEES	<u>MONDAY</u> SECTIONAL QUARTERFINALS	<u>WEDNESDAY</u> SECTIONAL SEMIFINALS	<u>FRIDAY</u> FINALS
SITE MANAGER	\$65.00	(1) \$65.00	(1) \$65.00	(1) \$65.00
TIMER	\$50.00	(1).....\$50.00	(1).....\$50.00	(1)...\$50.00
SCORER	\$50.00	(1).....\$50.00	(1).....\$50.00	(1)...\$50.00
ANNOUNCER	\$55.00	(1).....\$55.00	(1).....\$55.00	(1)...\$55.00
TICKET SELLER	\$55.00	(1).....\$55.00	(1).....\$55.00	(1)...\$55.00
TICKET TAKER	\$50.00	(1).....\$50.00	(1).....\$50.00	(1)...\$50.00

POLICE<<<<<<PREVAILING MUNICIPAL FEE
Hire number of police with respect to attendance

OFFICIALS WILL BE PAID THROUGH REF PAY.
DO NOT PAY OFFICIALS OUT OF GATE

Competing schools shall provide and pay their own Athletic Trainers.

NO ADDITIONAL EMPLOYEES TO THE ABOVE PAYROLL WILL BE PAID BY THE NJSIAA

No additional positions or titles will be added to this payroll or paid by NJSIAA. Fees paid to employees above this payroll are the responsibility of the host school. Extraordinary circumstances or conditions pertaining to your site must be approved by Steve Timko, Executive Director, prior to the date of the event.

REMINDER:

Participating schools are responsible to provide an administrator or designee to supervise all meets or tournaments, home and away. Staff members are the responsibility of the host and competing schools. Any payment of these individuals is the responsibility of the host and competing schools.

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION
ROUTE 130, P.O. BOX 487 ROBBINSVILLE, NJ 08691

TO: SITE MANAGERS
RE: INJURY REPORT

NJSIAA INJURY CLAIM NUMBER

NAME OF EVENT: _____

DATE OF EVENT: _____

COMPETING SCHOOLS: _____

SITE: _____

NAME & PHONE NUMBER OF EVENT MANAGER:

NAME OF INJURED PERSON(S):

INJURED PERSON WAS: STUDENT ___ SPECTATOR ___ PARTICIPANT ___

ADDRESS OR SCHOOL ATTENDED: _____

TYPE OF INJURY: _____

WAS INJURED PERSON GIVEN FIRST AID? (IF SO, ATTACHED FIRST AID STATION
REPORT OR NAME OF PERSON WHO ADMINSTRATED FIRST AID:

DESCRIPTION OF OCCURRENCE: _____

CHECK HERE IF NO INJURIES WERE REPORTED: _____

PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE OF PERSON COMPLETING FORM

TITLE OF PERSON COMPLETING FORM
2014-2015

POLICE PROCEDURE

Team Wrestling

Police – On a need basis with no more than **three (3)** in number at prevailing rate. Requests for additional coverage must be approved by the NJSIAA **PRIOR TO THE GAME** by emailing your request to Michele Perez (mperez@njsiaa.org). Your request will be approved via email. Please save the reply for your records.