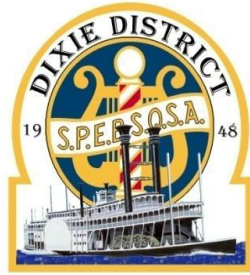


DIXIE DISTRICT SPEBSQSA



4% SHOW ASSESSMENT REPORTING FORM

Chapter Name: _____

Show Date(s): _____

Chapter Contact _____ Phone _____

Chapter Contact email _____

A check for the total amount of Show Assessment should be mailed, along with this form, within sixty (60) days of the show date to:

Dennis Brannon
Dixie District Treasurer
P O Box 806
Fayetteville, GA 30214
Treasurer@DixieDistrict.org

Please make checks payable to Dixie District, BHS.

Gross Revenues from the Show(s): \$ _____
(Include: ticket sales, program booklet ads, patron ads. Exclude: concessions, merchandise and 501(c)3 contributions solicited to support the show)

Show Assessment Rate: X 4%

Show Assessment Due: \$ _____

If mailed more than 60 days after the show date,
Add \$25.00, plus \$1.00 per day for each day the
Assessment is delinquent.* \$ _____

Total Assessment, plus penalties (if any): \$ _____

* Code of Regulations paragraph 4.02(b) describes the conditions for show assessment and the penalties for failure to pay within the stated period.