

# 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:

**George Reynolds**  
**Dixie District Treasurer**  
**1252 Brentwood Highlands Dr**  
**Nashville, TN 37211**  
**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.