

Basketball Financial Report State Championship

The Principal of the host school or the appointed game manager will complete this form and the ticket accountability form and mail these along with a check to: NCHSAA, Attention: Gary Cavanaugh, P.O. Box 3216, Chapel Hill, NC 27515 no later than 10 days following the contest.

Home Team _____ vs. Visiting Team _____

Site: _____ Date: _____

Classification: _____

A) Total Tickets Sold (Pre-Sale Total + Gate Sales Total) _____ (A)

B) Total Gate Receipts \$ _____ (B)

C) Other Receipts (Radio and Television Fees) \$ _____ (C)

D) Total Gross Receipts (B+C) \$ _____ (D)

E) Game Expenses

Game Officials \$ _____

Police \$ _____

Ticket Takers/Gate Keepers \$ _____

Home Team Expenses \$ _____

Visiting Team Expenses \$ _____

Misc. Expenses ** \$ _____

** Itemize Misc. Expenses

\$ _____ (E)

F) Net Gate (D-E) \$ _____ (F)

Check to NCHSAA(D - E) \$ _____

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| Mail to: | Gary Cavanaugh NCHSAA P.O. Box 3216 Chapel Hill, NC 27515 | 1. Ticket Accountability Form 2. Financial Report 3. Check |
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