

# Softball State Championship Report

SB 6

The event director will fill in this report and return it, the ticket accountability form, and check to: NCHSAA, Attention: Gary Cavanaugh, P.O. Box 3216, Chapel Hill, NC 27515.

Home Team \_\_\_\_\_ vs. Visiting Team \_\_\_\_\_

Classification: \_\_\_\_\_ Place of Series: \_\_\_\_\_ Dates: \_\_\_\_\_

Total Number of Tickets Sold \_\_\_\_\_

Admission: All-Session (\$20) \$ \_\_\_\_\_(A)

First Session (\$8) \$ \_\_\_\_\_(B)

Second Session (\$12) \$ \_\_\_\_\_(C)

Third Session (\$8) \$ \_\_\_\_\_(D)

Endowment \$1/Ticket (\$1 per ticket sold) \$ \_\_\_\_\_(E)

Gross Revenue (A + B + C + D - E) (E)\$ \_\_\_\_\_

\* Check to NCHSAA=Net on Series(E) + \$1 per total # of tickets sold \$ \_\_\_\_\_

\*\* A check for the gross revenue (line E) plus \$1 per ticket sold for the Endowment should be forwarded to the NCHSAA offices. The NCHSAA will be responsible for dividing the net receipts with 60% for the NCHSAA share and the remaining 40% to be divided among the two schools.\*\*

Director's Signature \_\_\_\_\_ School Name \_\_\_\_\_ Date \_\_\_\_\_

A copy of this ticket accountability form, financial report and a check for the NCHSAA share + the NCHSAA Endowment \$1 per ticket must be in the NCHSAA office no later than 10 days following the date of the contest. This form is to be forwarded to the NCHSAA regardless of revenue. Failure to complete this form within the ten day limit is subject to a fine. This form is for the state championship series.

**For office use only:**

Date received: \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount: \_\_\_\_\_

## Softball State Championships NCHSAA Ticket Accountability Form

SB6a

In order to better provide accountability of ticket sales in play-off contests, the following form has been developed. After each home play-off game, the host school is responsible for completing this form and returning it along with a check to:  
NCHSAA, Attention: Gary Cavanaugh, P.O. Box 3216, Chapel Hill, NC 27515.

Home Team \_\_\_\_\_ vs. Visiting Team \_\_\_\_\_

Classification: \_\_\_\_\_ Place of Series: \_\_\_\_\_ Dates: \_\_\_\_\_

### Gate Sale Tickets

Beginning Number	thru	Ending Number	+ 1=	Total Tickets Sold	@	Sale Price Each	=	\$ Value
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
<b>Total</b>					@		=	

Total Ticket Revenue (Pre-Sale Total + Gate Sales Total) \$ \_\_\_\_\_

Total Tickets Sold (Pre-Sale Total + Gate Sales Total) \_\_\_\_\_

Director's Signature \_\_\_\_\_ School Name \_\_\_\_\_ Date \_\_\_\_\_

**This form is to be submitted with the financial form and a check to the NCHSAA office no later than 10 days following the date of contest. Failure to do so may result in a fine.**