**Wrestling Dual Team Championships**
**First Round/Second Round**

**NCHSAA Ticket Accountability Form and Play-off Financial Report**

In order to better provide accountability of ticket sales in play-off contests, the following form has been developed. The meet director 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.

<table>
<thead>
<tr>
<th>Wrestling Sport</th>
<th>Site</th>
<th>Classification</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td>VS.</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>VS.</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>VS.</td>
<td></td>
</tr>
</tbody>
</table>

### Admission Tickets Sold

<table>
<thead>
<tr>
<th>Beginning Number</th>
<th>Thru</th>
<th>Ending Number</th>
<th>Thru</th>
<th>+1=</th>
<th>Total Tickets Sold</th>
<th>@</th>
<th>Sale Price Each</th>
<th>=</th>
<th>$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Thru</td>
<td>+1=</td>
<td></td>
<td>@</td>
<td>$6.00</td>
<td>=</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Thru</td>
<td>+1=</td>
<td></td>
<td>@</td>
<td>$6.00</td>
<td>=</td>
<td></td>
</tr>
</tbody>
</table>

Total Tickets Sold  _____________

A) Total Gate Receipts  (A)$________

B) Less: Endowment ($1 per Ticket Sold)  (B)$________

C) Gross Revenue (Line A – Line B)  (C)$________

D) NCHSAA Share (.25 x Line C)*  (D)$________

E) Check to NCHSAA (Line B + Line D)  (E)$________

F) Adjusted Gross (Line A minus Line E)  (F)$________

G) Allowable Expenses (includes officials) **(MAX. $500)**  (G)$________

H) Net Revenue (Line F minus Line G)  (H)$________

I) Team Shares (H/6) (One share per team per match)  (I)$________

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Director's Signature  
School Name  
Date

A copy of this ticket accountability form/financial report and a check for the NCHSAA share (Line D) + $1 per total # of tickets sold 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.

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**For office use only:**
Date received: ____________  
Check # ____________  
Check Amount: ____________