Wrestling Dual Team Championships
Third Round/Regional 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></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Matches

(1) ____________________ VS. ____________________
(2) ____________________ VS. ____________________
(3) ____________________ VS. ____________________

Admission Tickets Sold

<table>
<thead>
<tr>
<th>Beginning Number</th>
<th>Thru</th>
<th>Ending Number</th>
<th>+1= Total Tickets Sold</th>
<th>@ Sale Price Each</th>
<th>= $ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thru</td>
<td>+1=</td>
<td></td>
<td>@ $6.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thru</td>
<td>+1=</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)$_________
I) Team Shares (H/6) (One share per team per match) (I)$_________

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.

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