

Football Financial Report Regional Round

Mail to:	Gary Cavanaugh NCHSAA P.O. Box 3216 Chapel Hill, NC 27515	1. Ticket Accountability Form 2. Financial Report 3. Check for the Amount on Line H 4. Check for Live Video Rights Fees (see below)
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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-audio only and/or delayed video fees)	\$ _____ (C)
D)	Total Gross Receipts (B+C)		\$ _____ (D)
E)	Less: Endowment	(Same as Line A)	\$ _____ (E)
F)	Gross Revenue	(Line D minus Line E)	\$ _____ (F)
G)	NCHSAA Share (0.25 x Line F)		\$ _____ (G)
H)		Check to NCHSAA(G + E)	\$ _____ (H)
I)	Adjusted Gross	(Line D minus Line H)	\$ _____ (I)
J)	Allowable Expenses		
	Game Officials		\$ _____
	Police		\$ _____
	Ticket Takers/Gate Keepers		\$ _____
	Home Team Expenses		\$ _____
	Misc. Expenses <i>(Itemize & attach)</i>		\$ _____
	Total Allowable Expenses		\$ _____ (J)
K)	Net Gate (I-J)		\$ _____ (K)
L)	Home Team Share (K/2)		\$ _____ (L)
M)	Visiting Team Share (K/2)		\$ _____ (M)
N)	Travel Reimbursement		\$ _____ (N)
	Travel 0-75 miles one-way (Meals= \$270.00)		
	Travel 76-149 miles one-way (Meal=\$270.00 + \$0.75/mile round trip)		
	Travel 150+ miles one-way (Meal=\$270.00 + \$0.75/mile round trip + Hotel \$360)		
O)	Total Paid to Visiting Team (M+N)		\$ _____ (O)

Approved Live Video (Streaming and/or Television) Rights Fees

NCHSAA approved media outlets must submit a rights fee by check to host school to be sent to NCHSAA office. Please record check receipt here and submit check with this financial form. (if applicable)

Received from media outlet:	Check #	Check Amount \$
Received from media outlet:	Check #	Check Amount \$

For office use only: Date received: _____ Check # _____ Check Amount from Line (H): _____

Football Playoffs NCHSAA Ticket Accountability Form

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: _____ Site: _____ Dates: _____

Pre-Sale Tickets

Beginning Number	thru	Ending Number	+ 1=	Total Tickets Sold	@	Sale Price Each	=	\$ Value
	thru		+ 1=		@	\$10.00	=	
	thru		+ 1=		@	\$10.00	=	
	thru		+ 1=		@	\$10.00	=	
Total					@	\$10.00	=	

Gate Sale Tickets

Beginning Number	thru	Ending Number	+ 1=	Total Tickets Sold	@	Sale Price Each	=	\$ Value
	thru		+ 1=		@	\$10.00	=	
	thru		+ 1=		@	\$10.00	=	
	thru		+ 1=		@	\$10.00	=	
Total					@	\$10.00	=	

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 check to the NCHSAA office no later than 10 days following the date of contest. Failure to do so may result in a fine.