

## Football 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) \$ \_\_\_\_\_

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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**For office use only:**  
**Date received:** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Check Amount:** \_\_\_\_\_  
**By:** \_\_\_\_\_