

Softball Regional & State Championship Report

SB 5/6

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: First Session \$ _____

Second Session \$ _____

Third Session \$ _____

Endowment \$1/Ticket (\$1 per ticket sold) \$ _____

Total Game Receipts (1st + 2nd + 3rd minus \$1/tkt) (A) \$ _____

Expenses: Officials \$ _____

Ticket Takers \$ _____

Other (itemize below) \$ _____

Total Expenses (B) \$ _____

Net on Series(A - B)* ** (C) \$ _____

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

** The total expenses for the State Championship Series are to be paid from the gate receipts and a check for the net balance (line C) plus \$1 per ticket 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: _____