

Volleyball State Championships

NCHSAA Ticket Accountability Form

The event director will fill in this report and return it, along with the play-off financial report and check, to: NCHSAA, Attention: Gary Cavanaugh, P.O. Box 3216, Chapel Hill, NC 27515.

Home Team _____ vs. Visiting Team _____

Classification: _____ Site: _____ Date: _____

Gate Sale Tickets

<u>Beginning Number</u>	<u>thru</u>	<u>Ending Number</u>	<u>+ 1=</u>	<u>Total Tickets Sold</u>	<u>@</u>	<u>Sale Price Each</u>	<u>=</u>	<u>\$ Value</u>
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
	thru		+ 1=		@		=	
Total					@		=	

Total Ticket Revenue \$ _____

Total Tickets Sold _____

Director's Signature

School Name

Date