Wrestling Dual Team Championships State Championship

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.

	•	Cavanaugn, 1.0.1	DOX 32	210, Chaperrini, ive	213	,13.		
	<u>Wrestling</u> Sport		Site		n	Date		
				Match				
Admission Tickets Sold								
Beginning Number	Thru	Ending Number	+1=	Total Tickets Sold	@	Sale Price Each	=	\$ Value
	Thru		+1=		@	\$8.00	=	
	Thru		+1=		@	\$8.00	=	
		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/2)						(I)\$	_	
Director's Signature School Name						D ate		
			-	port and a check for the				
				e no later than 10 days dless of revenue. Fail		•		
ten day limit is subje			regare	diess of revenue. Tan	uic	to complete this it	71111	within the
For office use only: Date received:		Check #		Check An	10U	nt:		