

**Wrestling Dual Team Championships
Third Round/Regional Round
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.

<u>Wrestling</u> Sport	_____	_____	_____
	Site	Classification	Date
		Matches	
(1)	_____	VS. _____	_____
(2)	_____	VS. _____	_____
(3)	_____	VS. _____	_____

Admission Tickets Sold

Beginning Number	Thru	Ending Number	+1=	Total Tickets Sold	@	Sale Price Each	=	\$ Value
	Thru		+1=		@	\$6.00	=	
	Thru		+1=		@	\$6.00	=	

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/6) (One share per team per match) | (I)\$ _____ |

_____	_____	_____
Director's Signature	School Name	Date

A copy of this ticket accountability form/financial report and a check for the NCHSAA share (Line D) + \$1 per total # of tickets sold 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.

For office use only:

Date received: _____ **Check #** _____ **Check Amount:** _____