

Basketball Fourth Round
NCHSAA Ticket Accountability Form and Playoff Financial Report
(For multiple games played at a host school)

A copy of this ticket accountability form/financial report and a check for the NCHSAA share + Endowment \$1 per ticket amount (Line H) must be completed by the host school and mailed to 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. Schools that fail to complete this form and submit payment within 10 days could be subject to a fine.

Send forms and checks to:
NCHSAA, Attention: Gary Cavanaugh, P.O. Box 3216, Chapel Hill, NC 27515.

(W) Home Team _____ vs. Visiting Team _____
(M) Home Team _____ vs. Visiting Team _____
Site: _____ Date: _____
Classification: _____ Round: _____

A) Total Tickets Sold _____ (A)
B) Total Gate Receipts \$ _____ (B)
C) Other Receipts (Radio and Television Fees) \$ _____ (C)
D) Total Gross Receipts (B+C) \$ _____ (D)
E) Less: Endowment (\$1 per # of tickets sold) \$ _____ (E)
F) Gross Revenue (D-E) \$ _____ (F)
G) NCHSAA Share (0.15 x F) \$ _____ (G)
H) ** Check to NCHSAA(G + E) \$ _____ (H)
I) Adjusted Gross (Line D minus Line H) \$ _____ (I)
J) Game Expenses
Officials (only if either visiting \$ _____
team travel < 100 miles)
Police (actual expenses) \$ _____
Ticket Handlers (\$40 max.) \$ _____
Scorer, Timer, PA (\$75 max. \$ _____
total)
Total Game Expenses \$ _____ (J)
K) Net Gate (I-J) \$ _____ (K)
L) Team Shares (K/4) \$ _____ (L)

For office use only:
Date received: _____ **Check #** _____ **Check Amount:** _____

Basketball Fourth Round Playoffs, Multiple Games

NCHSAA Ticket Accountability Form

In order to better provide accountability of ticket sales in play-off contests, please use this form. After each home play-off game, the host school 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.

Home Team _____ vs. Visiting Team _____

Home Team _____ vs. Visiting Team _____

Classification: _____ Site: _____ Date: _____

Gate Sale Tickets

Beginning Number	thru	Ending Number	+ 1=	Total Tickets Sold	@	Sale Price Each	=	\$ Value
	thru		+ 1=		@	\$9.00	=	
	thru		+ 1=		@	\$9.00	=	
	thru		+ 1=		@	\$9.00	=	
	thru		+ 1=		@	\$9.00	=	
	thru		+ 1=		@	\$9.00	=	
	thru		+ 1=		@	\$9.00	=	
Total					@	\$9.00	=	

Total Ticket Revenue \$ _____

Total Tickets Sold _____

 Director's Signature

 School Name

 Date

This form is to be submitted with the financial form, and check to the NCHSAA office no later than 10 days following the date of contest. Failure to do so may result in a fine.