

**Soccer First Round**  
**\*\*\*PAY \$1 PER TICKET ENDOWMENT-NO 15% SHARE\*\*\***  
**NCHSAA Ticket Accountability Form and Play-off Financial Report**

A copy of this ticket accountability form/financial report and a check for the NCHSAA Endowment \$1 per ticket amount (Line C) 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.

Men's/Women's	Site	Classification	Date
_____ VS. _____			

**Admission Tickets Sold**

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

Total Tickets Sold \_\_\_\_\_

- |  |             |
|--|-------------|
| A) Total Value of Ticket Sales   | (A)\$ _____ |
| B) Miscellaneous Revenue (Radio Fees/Other)  | (B)\$ _____ |
| C) Endowment \$1 per Ticket (\$1 per ticket sold) <span style="margin-left: 100px;">Check to NCHSAA</span> | (C)\$ _____ |
| D) Gross Revenue (Line A+Line B minus Line C)  | (D)\$ _____ |
| E) Officials (Only if visiting team travel <100 miles)   | (E)\$ _____ |
| F) Net Gate (D - E)  | (F)\$ _____ |
| G) Home Team Share (F/2)   | (G)\$ _____ |
| H) Visiting Team Share (F/2)   | (H)\$ _____ |

Director's Signature	School Name	Date
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<b>For office use only:</b>
<b>Date received:</b> _____ <b>Check #</b> _____ <b>Check Amount:</b> _____