BKB MG-N

Basketball Playoff Financial Report
(For multiple games played at a neutral site)

The appointed game manager will complete this form and the ticket accountability form. Mail these forms no later than 10 days following the contest along with a check for the amount on Line H to: NCHSAA, Attention: Gary Cavanaugh, P.O. Box 3216, Chapel Hill, NC 27515

Home Team _____ vs. Visiting Team _____

Home Team _____ vs. Visiting Team _____

****Indicate if games are men's or women's****

Site: _____ Date: _____

Classification: _____

A)	Total Tickets Sold (Pre-Sale Total + Gate Sales Total)			_____ (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 (actual expenses)		$ _____	
	Police (actual expenses)		$ _____	
	Ticket Handlers ($40 max.)		$ _____	
	Scorer, Timer, PA ($75 max. total)		$ _____	
	Use of Facility		$ _____	
	Site Manager ($50/night)		$ _____	
	Miscellaneous (please itemize)		$ _____	
		Total Game Expenses		**$** _____ (J)
K)	Net Gate (I-J)			$ _____ (K)
L)	Team Shares (K/4)	$_____(L)		

Mail to:	Gary Cavanaugh NCHSAA P.O. Box 3216 Chapel Hill, NC 27515	1.Ticket Accountability Form 2.Financial Report 3.Check in the Amount of Line H

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

BKB MG-Na

Basketball Playoff 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: _____

Pre-Sale Tickets

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

Gate Sale Tickets

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

Total Ticket Revenue (Pre-Sale Total + Gate Sales Total) $ _____

Total Tickets Sold (Pre-Sale Total + Gate Sales Total) _____

_____ _____ _____
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.