Women's Lacrosse State Championships

NCHSAA Play-off Financial Report

The event director will fill in this report and return it, along with the ticket accountability form and check, to: NCHSAA, Attention: Gary Cavanaugh, P.O. Box 3216, Chapel Hill, NC 27515.

Home Team		vs. Visitir	g Team	
Classification:	Site:		Dates:	
Total Number of Ticke	ts Sold	_		
Total Receipts	(From Ticket Sales)	\$	(A)	
Other Receipts:	(Radio/TV Fees)	\$	(B)	
Endowment \$1/Ticket	(\$1 per ticket sold)	\$	(C)	
Gross Revenue	(A + B - C)		\$	(D)
* Check to NCHSAA=	(D+C)		\$	
** A check for the grost to the NCHSAA office 60% for the NCHSAA	ss revenue plus \$1 per . The NCHSAA will b	e responsib	For the endowment sho	receipts with
Director's Signature	School I	Name	Date	
A copy of the ticket acc the NCHSAA Endown days following the date of revenue. Failure to c for the state champions	enent \$1 per ticket sold to of the contest. This fo omplete this form with	must be in to be in the ten de	he NCHSAA office not forwarded to the NCH	o later than 10 HSAA regardless
For office use only: Date received:	Check #		Check Amount:	