

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

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: \_\_\_\_\_ Round: \_\_\_\_\_

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)

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:** \_\_\_\_\_

## Basketball Forth 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: \_\_\_\_\_

#### Pre-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	=	
Total					@	\$9.00	=	

#### 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	=	
Total					@	\$9.00	=	

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.**