

Basketball Fourth 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.