

Volleyball Regional Round

NCHSAA Ticket Accountability Form and Play-off Financial Report

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

Sport 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) | (C)\$ _____ |
| D) Gross Revenue (Line A+Line B minus Line C) | (D)\$ _____ |
| E) NCHSAA Share (.25 X Line D) | (E)\$ _____ |
| F) Check to NCHSAA = Line C + Line E | (F)\$ _____ |
| G) Adjusted Gross = Line D minus Line E | (G)\$ _____ |
| H) Officials (Only if visiting team travel <100 miles) | (H)\$ _____ |
| I) Net Gate (Line G - Line H) | (I)\$ _____ |
| J) Home Team Share (I/2) | (J)\$ _____ |
| K) Visiting Team Share (I/2) | (K)\$ _____ |

Director's Signature

School Name

Date

For office use only:

Date received: _____ **Check #** _____ **Check Amount:** _____