

Wrestling Dual Team Championships First Round/Second Round

In order to better provide accountability of ticket sales in play-off contests, the following form has been developed. The meet director is responsible for completing this form, and returning it to the NCHSAA- Email a copy to tavares@nchsaa.org
Attention: Tavares Toomer, P.O. Box 3216, Chapel Hill, NC 27515.

Wrestling	Site	Classification	Date
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MATCHES		
(1) _____	VS	_____
(2) _____	VS	_____
(3) _____	VS	_____

Admission Tickets Sold

Beginning Ticket Number	Ending Ticket Number	Total Tickets Sold	Ticket cost	Revenue
			\$8	

Paperless Ticket Revenue: ex (GOFAN)

(A) Total Gate Receipts-	_____	
(B) NCHSAA Share 25% (Line A x 0.25)	_____	<i>\$0 for 1st and 2nd Round</i>
(C) Check to NCHSAA	_____	
(D) Adjusted Gross: (Line A minus Line B)	_____	
(E) Allowable Expenses (Max \$1,000)	_____	
(F) Net Revenue (Line D minus E)	_____	
(G) Team Share- (Line F/6)	_____	

Date _____

A copy of this ticket accountability form/financial report and a check for the NCHSAA share (Line C) must be in 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. Failure to complete this form within the ten day limit is subject to a fine.

