

Wrestling Dual Team Championships Third/Regional Rounds

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/emailing it along with a check to: **NCHSAA**
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) _____

(C) **Check to NCHSAA** _____

(D) Adjusted Gross: (Line A minus Line B) _____

(E) Allowable Expenses (Max \$1,000) _____

(F) Net Revenue (Line D minus Line E) _____

(G) Team Share- (Line F/6) _____

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.