**Beaufort County Schools Event Ticket Report**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School |  |  | Sport | |  |  |  |  | Date | | | | |  |
| Color of Tickets |  | Gate #1 | | |  | Gate #2 | | | Student Tickets | | | | |
| Last Ticket On Roll # |  |  | |  |  |  | | |  |  |  |  | | |
| Starting Ticket # |  |  | |  |  | | |  |  |  | | |
| **(Completed by bookkeeper)**  Total Tickets Sold |  |  | |  |  | | |  |  | | |  |
| **(Subtract last ticket on roll # from starting ticket #)**  Gate Price (**May vary**) |  |  | |  |  | | |  |  | |  |  |

Beginning Gate Fund Received:

PO#

CK#

Total Gate $ + $ + $ + $ = $

Beginning

Gate

Gate 1

Gate 2

Student Tickets

Total Gate

Names of 2Gatekeepers:

(**PLEASE PRINT**)

Signature Athletic Director:

**(This cannot be the PRINCIPAL)**



**To Be Completed by Bookkeeper**

Total Gate:

$

Event Date of Contest

Less Gate Fund

Total Deposit:

$ < >

$

Visiting Team

Deposit Date:

Account:

By signing below, I acknowledge the above information is correct.

Bookkeeper Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please write a **detailed** explanation on the back or attach an email from the gatekeepers if there is an overage/shortage\*\*