

Beaufort County Schools Event Ticket Report

School	Sport	Date
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	Gate #1	Gate #2	Student Tickets
Color of 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 2 Gatekeepers:
(PLEASE PRINT) _____

Signature Athletic Director: _____
(This cannot be the PRINCIPAL)

To Be Completed by Bookkeeper

Total Gate:	\$ _____		Date of Contest
		Event	

Less Gate Fund	\$ < _____ >	
		Visiting Team

Total Deposit:	\$ _____	Deposit Date: _____
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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**