

Ticket Sales

School Name _____

Game / Activity Description _____

Location of Game / Activity _____

Date of Game / Activity _____

Worker's Name: _____

Form No. _____

Ticket Type (Family, Single, Etc...)	Ticket Color (if applicable)	Starting Ticket Number Issued	Starting Ticket Number Returned	Number of Tickets Sold	Price of Ticket	Total Amount of Ticket Sales
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
Grand Total \$						

Total Cash _____

Less Starting Cash (if applicable) _____

Total of Deposit _____

Sales Grand Total (from above) _____

Variance (Sales - Deposit) _____

Reason for Variance _____

Worker's Signature _____

Sponsor Signature _____

ECA Treasurer Signature _____

Please retain all ticket stubs and attach to original form. Please attach a copy of this form to the ECA receipt.