

**IOWA HIGH SCHOOL ATHLETIC ASSOCIATION  
2020 REGIONAL DUAL TEAM WRESTLING FINANCIAL STATEMENT**

Date \_\_\_\_\_  
Host School \_\_\_\_\_

First ticket number left on roll \_\_\_\_\_  
Beginning ticket number on roll \_\_\_\_\_  
Number of tickets sold \_\_\_\_\_  
Price per ticket \_\_\_\_\_ \$6.00  
Amount of sales \_\_\_\_\_ \$ \_\_\_\_\_

First ticket number left on roll \_\_\_\_\_  
Beginning ticket number on roll \_\_\_\_\_  
Number of tickets sold \_\_\_\_\_  
Price per ticket \_\_\_\_\_ \$6.00  
Amount of sales \_\_\_\_\_ \$ \_\_\_\_\_

Reminder: If you sell a complete roll, you must add "1" to your number of tickets sold to account for all tickets sold (A complete roll is 500 tickets)

**Total amount to be remitted to IHSAA** \_\_\_\_\_ \$ \_\_\_\_\_

Total number of police paid:
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\_\_\_\_\_  
Tournament Manager Signature

RECONCILIATION

Ending Cash per Count

Checks	_____
Hundreds	_____
Fifties	_____
Twenties	_____
Tens	_____
Fives	_____
Ones	_____
Coins	_____

Total Cash \_\_\_\_\_ \$ \_\_\_\_\_

Beginning Cash \_\_\_\_\_ \$ \_\_\_\_\_

Cash from Sales \_\_\_\_\_

Cash (Short)/Long \_\_\_\_\_ \$ \_\_\_\_\_

**Please forward check, with copy of this report and completed complimentary admissions sign in within 30 days after the completion of your tournament to:**  
Iowa High School Athletic Association  
PO Box 10  
Boone, IA 50036

Form can also be emailed to [cclark@iahsaa.org](mailto:cclark@iahsaa.org)

Do Not Write In The Shaded Area		
Inv #	Date	Amt
Dep #	Date	Ck #