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:

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

Do Not Write In The Shaded Area

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