

Center Point ISD
GAME SUMMARY AND REPORT

DATE _____

EVENT _____ VS _____

Please complete the following and attach the Ticket Sale Summary and any applicable documents for game officials. If officials do not have documentation, please get all required information for payment. Return the next business day to the Business Office with the deposit.

Gate/Ticket Personnel:	SS#:
Announcer:	
Scorekeeper:	
Clock:	
Security Officer(s) – name/address/SS#/Time in/out:	
Game Officials – name/address/SS#/games(s) called:	