

# Center Point Independent School District TICKET SALE SUMMARY

**Campus:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Game/Sport:** \_\_\_\_\_

**BOX # 1**

**BOX # 2**

	Adult	Student
Start#	_____	_____
End#	_____	_____
Total Sold	_____	_____
Ticket Cost	_____	_____
Total	_____	_____
Gate Submitted:	_____	_____
Total:	_____	

	Adult	Student
Start#	_____	_____
End#	_____	_____
Total Sold	_____	_____
Ticket Cost	_____	_____
Total	_____	_____
Gate Submitted:	_____	_____
Total:	_____	

**Combined Total:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**School Official:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**To Be Completed By the Business Services Department**

**Date Received:** \_\_\_\_\_  
**Amount Received:** \_\_\_\_\_  
**Balanced + or -:** \_\_\_\_\_  
**Initials:** \_\_\_\_\_