



Clint Independent School District
Ticket Sale Summary Form



Campus: _____ Event Date: _____

Game / Sport: _____

Box 1			Box 2		
	Adult	Student		Adult	Student
Starting Ticket #			Starting Ticket #		
Ending Ticket #			Ending Ticket #		
Ticket Sold			Ticket Sold		
Ticket Cost			Ticket Cost		
Total			Total		
Gate Submitted:			Gate Submitted:		
Total			Total		

Combined Total: _____

Completed By: _____ Date: _____

Completed By Signature: _____

School Official: _____ Date: _____

School Official Signature: _____

Below to be completed by the Business Services Department

Amount Received: _____ Balanced + or -: _____

Received By: _____ Date Received: _____

Received By Signature: _____