



# ENDOWMENT GAME

## EVENT TICKET REPORT

*For additional information please contact, Kyle Stanfield, 503.682.6722 x239, or [kyles@osaa.org](mailto:kyles@osaa.org).*

Date of Endowment Game: \_\_\_\_\_

Teams: Home: \_\_\_\_\_ Visitor: \_\_\_\_\_

Sport: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

**Ticket Sales** – *The OSAA Foundation auditor has requested a record of beginning and ending ticket numbers. Schools will be held responsible for tickets sold and cash received.*

	Event Begin # -	Event Ending # =	No. Sold	x	Price =	TOTAL \$
<b>Students</b>	_____	_____	_____		\$5.00	_____
	_____	_____	_____		\$5.00	_____
	_____	_____	_____		\$5.00	_____
<b>Adults</b>	_____	_____	_____		\$8.00	_____
	_____	_____	_____		\$8.00	_____
	_____	_____	_____		\$8.00	_____
<b>Reserved Tickets</b>	_____	_____	_____		_____	_____
	_____	_____	_____		_____	_____
	_____	_____	_____		_____	_____

- Forward **Event Ticket Report** and a check for all gate receipts to the **OSAA Foundation** within **one week** after completion of the Endowment Game.
  - Expenses are **not** to be withheld from ticket sales.
  - Please make sure your check for 100% of the gross gate receipts is made out to the **OSAA FOUNDATION**, not the OSAA, and that it is separate from any other payment to OSAA.
- Thank you!

**GROSS GATE RECEIPTS**      \$ \_\_\_\_\_

Please attach a check made out to **OSAA Foundation** for 100% of the gross gate receipts and send to:  
**OSAA Foundation, 25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070**

Host School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

A check for **30%** of the gross gate receipts will be sent from the **OSAA Foundation** to the host school within one week after receiving the gross gate receipts check.