



LANSING CHRISTIAN SCHOOL
TICKET SALES REPORT*

Date of Event: _____ Activity: _____

Name of Class/Account _____

FULL PRICE

Last Ticket # Sold _____
First Ticket Sold _____
Total Tickets Sold _____ Ticket Price \$ _____ Ticket Sales \$ _____

STUDENT PRICE

Last Ticket # Sold _____
First Ticket Sold _____
Total Tickets Sold _____ Ticket Price \$ _____ Ticket Sales \$ _____

OTHER

Last Ticket # Sold _____
First Ticket Sold _____
Total Tickets Sold _____ Ticket Price \$ _____ Ticket Sales \$ _____

OTHER

Last Ticket # Sold _____
First Ticket Sold _____
Total Tickets Sold _____ Ticket Price \$ _____ Ticket Sales \$ _____

Total Ticket Sales \$ _____ *Sum of all ticket sales
Total Cash Received \$ _____ (Attach a sheet detailing all event deposits)
Variance (Over) Short \$ _____

Explanation of Variances: _____

Seller/Cashier _____ Verified By _____

Signature of Responsible Parent/Staff _____ Date _____

This report is to be returned to the Main Office (to Linda Hornberger)
with a copy of the signed Request for Fundraiser Activity or Event Form.