

# ARKANSAS STATE ATHLETIC COMMISSION GATE RECEIPTS REPORT

FORM C

1. Name of Sponsoring Body \_\_\_\_\_ Date of Event \_\_\_\_\_

2. Name of Facility \_\_\_\_\_ City \_\_\_\_\_  
(where event was held) (where event was held)

3. Number of tickets sold and gross proceeds thereof:

Set No. _____ Ringside _____ color _____	TICKET PRICE	GROSS RECEIPTS
Total Manifest _____		
No. Sold _____ @ \$ _____		\$ _____
Tickets Unsold _____		

Set No. _____ Reserved _____ color _____		
Total Manifest _____		
No. Sold _____ @ \$ _____		\$ _____
Tickets Unsold _____		

Set No. _____ Gen. Adm. _____ color _____		
Total Manifest _____		
No. Sold _____ @ \$ _____		\$ _____
Tickets Unsold _____		

Roll No. 1 _____	Roll No. 2 _____	Color _____
End No. _____	End No. _____	
Start No. _____	Start No. _____	
No. Sold _____	No. Sold _____	@ \$ _____ \$ _____

**CHECK LIST**

With Gate Receipts Report, (Form C) enclose the following:

(All Events)

Check for payment.....

Receipts for license fees.....

License application (Form F).....

(For Pro & Semi-Pro fights)

Physicians report (Form E).....

(For Pro Boxing & Kickboxing)

Judges Score Cards.....

Event Reporting (Form D).....

Photos of Pro Fighters.....

TOTAL GATE RECEIPTS	\$ _____
STATE ATHLETIC COMMISSION 5% GROSS RECEIPTS	\$ _____
<u>PARTICIPANTS LICENSE FEES+</u>	\$ _____
<u>OFFICIALS LICENSE FEES +</u>	\$ _____
BALANCE DUE ATHLETIC COMM =	\$ _____
AMOUNT ENCLOSED	\$ _____

**Check Number:** \_\_\_\_\_

By \_\_\_\_\_ Promoter  
 \_\_\_\_\_ Sponsoring Organization, Inspector  
 or Commission Member

Date \_\_\_\_\_

Within 24 hours after contest, original report must be made with The Arkansas State Athletic Commission, accompanied by a CERTIFIED CHECK, CASHIER'S CHECK OR POSTAL MONEY ORDER, made payable to: ARKANSAS ATHLETIC COMMISSION,