Hall Card Sales Worksheet

Date: _____

Session: Afternoon Evening
(please circle)

Hall Name _____ Licensee _____

Hall # _____ Game Controller _____

Seller Number	1	2	3	4	5	6	7	8
Seller Name								
Amount of Float Issued								
Received - initial								
Returned - initial								
Cards Out								
Total Cards Out								
Less Cards Returned								
Net Sales								
Cash In								
Total Cash Received								
Over / Short								
Game Controller's Initials								

Chairperson's Signature _____

Return with other event paperwork & unused cards.