



LMHA GATE REPORT FORM

Team Division: _____ Team Name: _____

Date: _____ Game #(League, Exhibition, Playdown): _____

Gate Collected By:

1. _____

2. _____

Starting Float Gate: _____

(After gate closed remove float amount before counting income)

Gate Price: **\$4.00**

(Grandparents and children under 16 are NOT required to pay gate fees)

Total amount paid out to the referee and time keeper: _____

Income from Gate: _____ (Amount after Gate Float has been removed)

Gate Income Counted by:

1. _____

(Print/Signature)

2. _____

(Print/Signature)