2025-2026 SSSAD Gate Reporting Form

Please return the completed form to the host school's office. Office staff and Athletic Directors, please enter total on www.sssad.net/gate-reporting/
Please contact Scott or Caitlin with questions. Grantc@spsd.sk.ca or aaros@spsd.sk.ca

Date: _____ Location/School: _____

Home Team:_____ Visitor Team(s): _____

Single/Double Header/Triple (Vball):_____

Cash Check:

Number of Students Regular Season _____ FREE

Number of Students for Playoffs _____ x $ 3.00 = $ _____

Number of Adults _____ x $ 5.00 = $ _____

Number of Volleyball Passes Sold _____ x $ 35.00 = $ _____

Number of Basketball Passes Sold _____ x $ 40.00 = $ _____

GATE TOTAL = $ _____

Less Gate Rebate = $ _____

TOTAL OWED TO SSSAD = $ _____

Attendance Tracking

Adults	Students ($3 for playoffs, city's)	Passes Shown (Lifetime, Teacher, etc.)	Passes Sold
Total:	Total:	Total:	Total:

Spectator Attendance Total: _____

Gate Worker Name: _____Signed:_____