(Form SA-4) Prescribed		No.					
TICKET SALES				(This copy to be retained by ECA Treasurer)			
SCHOOL Western Boone JrSr. High School GAME				TOWN OR CITY Thorntown, IN DATE			
OTHER				ACTIVITY			
		TICKE	TS]	_
KIND	ISSUED		RETURNED		TICKETS	PRICE	TOTAL AMOUNT
	SERIAL NO.	AMT.	SERIAL NO.	AMT.	SOLD		SALES
ADULTS							
STUDENTS							
FAMILY							
	TOTAL						

Made by		Verified and Approved by	
	(Title)		(Official or Sponsor)

Sponsor or Depositor sign above