

CPIHL 2025-26 GATE ATTENDANCE & RECEIPT REPORT

Please complete ALL information below.

Game # _____	Date: ____/____/____	Rink _____
Visiting Team: _____		Home Team: _____
Division: Varsity / JV / Middle School <small>(circle applicable division)</small>		Varsity Division: _____

ADULTS Cash \$6.00

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70

HOMETOWN GAME DAY PASS (Scanned)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150

STUDENTS Cash \$5.00 (12 & Over)

81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150

SENIORS (age 60+)/Military ID – Cash \$4.00

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40

HOMETOWN SEASON PASS (Scanned)

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80

ATTENDANCE	CASH RECEIPTS
Adult _____ x \$6.00 =	Adult \$ _____
Students _____ x \$5.00 =	Students \$ _____
Seniors _____ x \$4.00 =	Seniors \$ _____
Total _____	Total \$ _____
Ticket Seller (print name) _____ Signature _____	
<i>Please Print All Information Clearly</i>	

AWAY TEAM
Security: _____
Phone: _____
Security: _____
Phone: _____

HOME TEAM
Security: _____
Phone: _____
Security: _____
Phone: _____

CPIHL Payment Information: Check # _____ Date: _____

Mail Check to: Michelle Graby 34 Summer Dr Dillsburg, PA 17019
Hometown Tickets are transmitted electronically, no need to remit