

FORM of PROJECTED RECEIPTS and EXPENSES
EVENT: _____

Please provide detailed information on the following. Additional pages may be added where needed.

RECEIPTS:

| | | |
|----------------------------------------|----------------------------|--------------|
| Registration Fees | \$_____ per person X _____ | Total: _____ |
| Entrance Fees | \$_____ per person X _____ | Total: _____ |
| Tickets | \$_____ per person X _____ | Total: _____ |
| Food Concession | _____ | Total: _____ |
| Merchandise (<i>i.e.</i> , T-shirts) | _____ | Total: _____ |
| Raffles | \$ _____ | Total: _____ |
| Journal or other Commemorative Booklet | _____ | Total: _____ |
| Other Revenues | _____ | Total: _____ |
| Other Revenues | _____ | Total: _____ |

EXPENSES:

| | | |
|-----------------------------------|----------------------------|--------------|
| Supervision | \$_____ per person X _____ | Total: _____ |
| Coaches | \$_____ per person X _____ | Total: _____ |
| Referees / Umpires / Officials | \$_____ per person X _____ | Total: _____ |
| Cost of Food for Concession | _____ | Total: _____ |
| Cost of Merchandise | _____ | Total: _____ |
| Printing and Mailing | _____ | Total: _____ |
| Custodial Fees | _____ | Total: _____ |
| Facilities Fees | _____ | Total: _____ |
| Insurance | _____ | Total: _____ |
| Other Contractor / vendor expense | _____ | Total: _____ |
| Other expense | _____ | Total: _____ |

NET PROFIT: Total: _____ Please indicate how proceeds will be applied or gifted.

By signing and submitting this form, I confirm that all information submitted is true and accurate to the best of my knowledge and belief. I acknowledge that it is a crime to make false statements on a government document, file a false instrument or steal government services. The District reserves the right to initiate civil or criminal action where appropriate, including but not limited to, fraud and/or perjury, in the event of such falsification.

Signature: _____ Print Name: _____

Organization: _____ Title: _____

Address: _____ Phone: _____

Email: _____