

MANHASSET UNION FREE SCHOOL DISTRICT 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: _____
Security Guard	_____	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: _____