

EVENT BUDGET PLANNER

Name of Requesting Support Group: _____

Name, Place and Date of Event: _____

Number of Student Participants: _____

Number of Adults: _____

Revenues to Fund Event:

Fundraising Event: _____ Profit/(Loss) from Event: \$ _____

Fundraising Event: _____ Profit/(Loss) from Event: \$ _____

Fundraising Event: _____ Profit/(Loss) from Event: \$ _____

Fundraising Event: _____ Profit/(Loss) from Event: \$ _____

Donations: \$ _____

Amount to be paid by Student(s): \$ _____

Beginning Account Balance to be contributed: \$ _____

\$ _____

Cost for Event:

Registration: \$ _____

Lodging: \$ _____

Meals: \$ _____

Transportation Rentals: \$ _____

Mileage: \$ _____

Airline Fees: \$ _____

Parking: \$ _____

Incidentals: \$ _____

Other: \$ _____

Other: \$ _____

\$ _____

PROJECTED EVENT PROFIT OR (AMOUNT STILL NEEDED): \$ _____

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Number of Adults: _____

Revenues to Fund Event:

Fundraising Event: _____ Profit/(Loss)
from Event: \$ _____

Fundraising Event: _____ Profit/(Loss)
from Event: \$ _____

Fundraising Event: _____ Profit/(Loss)
from Event: \$ _____

Fundraising Event: _____ Profit/(Loss)
from Event: \$ _____

Donations: \$ _____

Beginning Account Balance to be contributed: \$ _____

\$ 0.00

Cost for Event:

Registration: \$ _____

Lodging: \$ _____

Meals: \$ _____

Transportation Rentals: \$ _____

Mileage: \$ _____

Airline Fees: \$ _____

Parking: \$ _____

Incidentals: \$ _____

Other: \$ _____

Other: \$ _____

\$ 0.00

EVENT SURPLUS OR (SHORTFALL): 0.00