



# PROPOSED CHAMPIONSHIP BUDGET

YEAR: \_\_\_\_\_

Due Ninety (90) days prior to contest.

Pre-budget for \_\_\_\_\_ (sport) to be held at \_\_\_\_\_ (location)

Meet Director: \_\_\_\_\_

name/address \_\_\_\_\_

phone / fax / email \_\_\_\_\_

**Estimated Income:**

Admissions .....	\$ _____
Program Ads .....	\$ _____
Program Sales .....	\$ _____
Radio Fees .....	\$ _____
TV Fees .....	\$ _____
Souvenir Sales .....	\$ _____
Sponsorships/Contributions .....	\$ _____
Other Income - List: .....	\$ _____
.....	\$ _____

**Grand Total: .....** \$ \_\_\_\_\_

**Estimated Expenditures:**

Awards .....	\$ _____
Equipment/Meet Supplies .....	\$ _____
Facilities .....	\$ _____
.....	\$ _____
.....	\$ _____
Officials .....	\$ _____
Personnel - List per person rates also	
Ticket Takers .....	\$ _____
Ticket Sellers .....	\$ _____
Program Sellers .....	\$ _____
Souvenir Sellers .....	\$ _____
Security/Supervision .....	\$ _____
EMT/Trainer/Ambulance .....	\$ _____
Announcer/Scoreboard .....	\$ _____
Meet Director(s) .....	\$ _____
Other - Specify: .....	\$ _____
.....	\$ _____
.....	\$ _____
State Coordinators Expenses (postage, telephone, travel, etc.) .....	\$ _____
Program Printing .....	\$ _____
Souvenir Costs .....	\$ _____
Cost of hospitality room for personnel during meet .....	\$ _____
Appreciation (e.g. committee hats, shirts, meal - \$300 limit) .....	\$ _____
All Other Expenses (do not include banquets) .....	\$ _____
.....	\$ _____

**Grand Total: .....** \$ \_\_\_\_\_

*Please use back for explanations.*

Signature (State Sport Coordinator): \_\_\_\_\_

Submit One Copy To: Bob Stulmaker, Assistant Director, NYSPHSAA Inc., 8 Airport Park Blvd, Latham NY 12110 and Tournament Director

Approved: \_\_\_\_\_ Date: \_\_\_\_\_