## **Boosters Tournament Budget Proposal**

Tournament Budget Proposal (School Related Camps, Clinics, Tournaments) Operated by District Employees							
Name of Organization							
Sport/Activity							
Facility Requested							
Dates and Hours of Facility Use							
Anticipated Income:		Estimated Expenditures:					
Fee Per person	\$	Spirit packs (T-shirt/freebies)	\$				
Number of participants		Camp Supplies					
		Food for participants					
Fee Per Team		Custodial Cost \$36 per hour					
Number of Teams		Stipends (provide names and amount)					
		N/A					
Entrance Fee							
Number of attendees							
		Custodial Supplies (reimburse to site)					
		Application Fee					
		Donation to School					
		Facility Cost (verify with Facilities)					
Total Estimated Income:		Total Estimated Expenses:					

Signature of Coach	Date	Signature of Principal	Date
To be filled out by Facilities only		To be filled out by Principal	
Date Submitted:			
Date Approved:			

Budget Code: