



Mail to: Terre Joslin  
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### COMPETITION BUDGET FORM

Name of Competition/Organizer: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Budget Time Frame: \_\_\_\_\_

Please list below expected expenditures for these key areas:

A. Officials \_\_\_\_\_

B. Meals/Catering: \_\_\_\_\_

C. Travel/Transportation: \_\_\_\_\_

D. Facility Rental: \_\_\_\_\_

E. Equipment Rentals: \_\_\_\_\_

F. Other\* (Specify): \_\_\_\_\_

\_\_\_\_\_

**Total Projected:** \_\_\_\_\_

\* Other expenses for which you may request reimbursements, cannot be capital expenditures.

Please note, an amended budget can be submitted in the future if you find significant changes.