LKO Event Planner and Budget

Event _____ Event Time Date _____
Lead (s) _____ Location: _____
Budget: _____ Expected Income: _____ Ticket sales ☐Yes ☐ No Price per ticket: _____

Item	Description	Cost	Qty	Amount	Notes
Total					

Schedule

Task	When	Helpers	Notes

At the Event

Activity	When	Helpers	Notes

Cash Collection	Amount	Notes	Signature *optional*

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