

ABATE Foundation, Inc. **Event Budget Form**

Region/County: _____ Event Name: _____

Event Date: _____ Rain Date: _____

Event Type: _____ Sanctioned: _____

Revenue:	Estimate	Actual
Gate Receipts (# attendees _____) (Admission fees _____)	_____	_____
Sponsorships	_____	_____
Food, Refreshment Sales	_____	_____
Field Event, Bike Show Fees	_____	_____
Vendor Fees	_____	_____
T-shirts, patches, etc.	_____	_____
Other (silent auction, contributions, etc.)	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL REVENUE	(A) _____	_____

Expenses:	Estimate	Actual
Location Fees, Rental	_____	_____
Printing & Postage	_____	_____
Advertising	_____	_____
Food/Refreshments	_____	_____
Event Prizes	_____	_____
Entertainment, Band	_____	_____
Supplies	_____	_____
Portable Restroom Facility Rent	_____	_____
T-shirts, patches, etc.	_____	_____
*Insurance	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL EXPENSES	(B) _____	_____

PROFIT (A minus B) _____

**Proceeds to: _____

*Insurance payment is to be made payable to ABATE of Indiana, Inc.
 **List name, address, federal id#, and amount of proceeds if benefiting a charity; Proceeds check must be made payable to ABATE Foundation; ABATE will forward proceeds where specified. NOTE: It is not necessary that any proceeds go to an outside organization.

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