

ABATE of Indiana, Inc.

Standard Event Budget Form

Region/County: _____ Event Name: _____

Event Date: _____ Rain Date?: _____

Event Type: _____ Sanctioned?: _____

EXPENSES:	Estimate	Actual
Location Fees, Rental	_____	_____
Printing & Postage	_____	_____
Advertising	_____	_____
Food and/or Guarantee	_____	_____
Door Prizes	_____	_____
Event Prizes	_____	_____
Entertainment, Band	_____	_____
Supplies	_____	_____
Portable Restroom Facility Rent	_____	_____
* Insurance	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
TOTAL EXPENSES	(B) _____	_____

REVENUE:		
Gate Receipts (# attendees _____)	_____	_____
Sponsorships	_____	_____
Food, Refreshment Sales	_____	_____
Field Event, Bike Show Fees	_____	_____
Vendor Fees	_____	_____
Other	_____	_____
Products Commission ____% of ____ sales _____	_____	_____
TOTAL REVENUE	(A) _____	_____
PROFIT/(LOSS)	(A-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 to specified charity, or where specified.
 NOTE: It is not a requirement that all proceeds go to an outside organization.

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