Event Budget

ULLR SKI, BIKE & SOCIAL CLUB

Event Number			
Approved by	Date	Approved by	Date

Event Name:			
Event Date(s):		Date Submitted:	
Chairperson:		Co-Chairperson:	TBD
Address:		Address:	
City, State Zip:		City, State, Zip:	
Phone:		Phone:	
E-mail Address:		E-mail Address:	

Projected	Number of paying Participants		(A)
	Number of non-paying Participants		
	Number of Partial-paying Participants		
	Total number of Participants	=	(B)

Projected Event Expenses (for "B")

Projected Expense	Amount	