

Arrowhead District Event Budget Estimate Form

To be submitted with Event Proposal Sheet, or at least 4 months prior to event

Event:	Date of Event:	District: Arrowhead
Prepared By:	Unit Cost:	Per Scout Fee:

Estimated Attendance:				
Youth:	Adults:	Staff:	Units:	Other:

INCOME	Actual Amount
Estimated Registration Income	
Estimated External Income (sponsors, donations, etc)	
TOTAL ESTIMATED INCOME:	
Expenses	
Petty Cash / Start Up Fees (Please itemize on back)	
Program Supplies (Please itemize back)	
Office Supplies	
Site Rental Fees / Donation	
Porta Potty Rental	
Registration	
Other (Please Specify)	
TOTAL ESTIMATED EXPENSES	
BALANCE (Net Income)	

Event Chairman _____ Date _____

Event Co_Chairman _____ Date _____

Approved By: _____ Date: _____

