



**CAMP, CLASS, CLINIC, OR LEAGUE PROPOSED BUDGET\***

(Activity)	(Location)	(Inclusive Dates for Session)
(PTA, or Booster Club)		Session ____ of ____ Session(s)

**ESTIMATED INCOME**

Number of Campers	x	Fees per Session	=	Total
_____	x	_____	=	\$ _____
_____	x	_____	=	_____
_____	x	_____	=	_____
Total Estimated Income				\$ _____

**PROJECTED EXPENSES**

Personnel		Other	
Name	Title	Amount	Amount
_____	_____	\$ _____	Equipment (attach list) \$ _____
_____	_____	_____	Supplies _____
_____	_____	_____	Printing _____
_____	_____	_____	Awards _____
_____	_____	_____	Postage _____
_____	_____	_____	Custodian _____
_____	_____	_____	Insurance _____

Counselors (from page 3) \$ \_\_\_\_\_

Lecturer(s) (from page 3) \$ \_\_\_\_\_

Total Personnel Expenses \$ \_\_\_\_\_ Total Other Expenses \$ \_\_\_\_\_

Total Expenses ..... \$ \_\_\_\_\_

Projected Net Income..... \$ \_\_\_\_\_

Disposition of Net Income: \_\_\_\_\_

**COPY OF FINANCIAL STATEMENT (ADM-24A) IS TO BE FURNISHED TO THE COMMUNITY USE SECTION WITHIN FOUR WEEKS OF THE CLOSE OF EACH SESSION WITH FCPS-PAID EMPLOYEES.**

\*Attach drafts of all proposed promotional materials related to the camp, clinic, or league.

**PROJECTED COUNSELOR STAFF**

(Counselors must be 16 years old or rising 11<sup>th</sup> graders)

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>Amount</u> (if applicable)	<u>School Currently Attending</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**PROJECTED GUEST LECTURER(S)**

<u>Name</u>	<u>Number of Hours</u>	<u>Fees</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____