

# ABATE OF OHIO, INC.

**EVENT BUDGET**

Region/County \_\_\_\_\_

Event Name \_\_\_\_\_ Event Date \_\_\_\_\_

Event Type \_\_\_\_\_

Event Location \_\_\_\_\_

<b>INCOME:</b>	<b>Prior Year</b>	<b>Estimate</b>	<b>Actual</b>
Number of Attendees	<del>_____</del>	<del>_____</del>	<del>_____</del>
Cost per Attendee	<del>_____</del>	<del>_____</del>	<del>_____</del>
Gate Receipts	_____	_____	_____
Sponsorships	_____	_____	_____
Donations	_____	_____	_____
Food Sales	_____	_____	_____
Contests	_____	_____	_____
Event Product	_____	_____	_____
Raffle/Drawing	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

<b>EXPENSES:</b>	<b>Prior Year</b>	<b>Estimate</b>	<b>Actual</b>
Insurance	_____	_____	_____
Entertainment	_____	_____	_____
Food	_____	_____	_____
Prizes	_____	_____	_____
Event Product	_____	_____	_____
Raffle/Drawing	_____	_____	_____
Location Rental	_____	_____	_____
Equipment Rental	_____	_____	_____
Sanitation	_____	_____	_____
Advertising/Flyers	_____	_____	_____
Supplies/Printing	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
Other _____	_____	_____	_____
<b>TOTAL</b>	_____	_____	_____

**PROFIT (LOSS):** \_\_\_\_\_

**PROCEEDS BENEFIT: \*** \_\_\_\_\_

\* If not ABATE: name, address, and tax ID number (501(c)(3)) needed for donation form.