

**Christ Church**1025 Main St.,
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EVENT BUDGET FORM

Event _____

Event Date _____

Income:**Projected Event Budget**

Registrations:	Number of people _____ @ \$ _____	
	Number of people _____ @ \$ _____	
Sales:	Materials	
	Books	
	Other-	
	Other-	
Underwriting:		
Donations:		
Scholarships:		
	Total Income:	

Expenditures:

Facilities:	Number of people _____ @ \$ _____	
	Number of people _____ @ \$ _____	
Honoraria:	Speakers	
	Music	
	Air fare	
	Entertainment	
	Staff	
	Nursery	
	Other-	
Program:	Materials	
	Notebooks	
	Staging/Decorations	
	Equipment rental	
	Other-	
	Other-	
Promotion:	Brochure	
	Postage	
	Advertising	
	Food	
	Transportation	
	Insurance	
	Committee set-up costs	
	Other-	
	Expenditures Subtotal:	
Miscellaneous:	5% of subtotal	
	Total Expenditures:	
	Net cost to ministry:	

Budget account for net cost to ministry _____

Prepared by: _____