

## Budget Request

To: Coach \_\_\_\_\_ Sport \_\_\_\_\_ Year \_\_\_\_\_

From: Athletic Administrator \_\_\_\_\_

To prepare next year's budget, each head coach must submit the following information to the athletic administrator by \_\_\_\_\_.

Please follow the instructions below and on the accompanying sheets when filling out your budget requests.

### How to Prepare Your Budget

List every item according to priority:

#### EXAMPLES:

Items - Include

1. Uniforms
2. Equipment
3. Repairs to equipment
4. Transportation (personal auto)
5. Entry fees for all tournaments, relays, etc.
6. Miscellaneous
7. Clinics
8. Booster Club

Item	Source	Number	Price/unit	Total cost
T1007 Tennis Balls - heavy duty	Manufacturer & Retailer (Example - Wilson	3 dozen	\$9.95 / dz	\$18.90 + shipping = \$22.50

All requests should be based on cost from current sport catalogs or sport salesman quotes. Take into consideration inflation and shipping costs of all items requested.

#### 1) Uniforms

Item	Source	Number	Price/unit	Total cost
Practice shirts				
Practice pants				
Warm-ups				
Game shirts				
Game pants				
Socks				
Belts				
Jackets				

## 2) Equipment

Item	Source	Number	Price/unit	Total cost

## 3) Equipment Repairs

Item	Method of repair	Total cost

## 4) Transportation (Personal Auto)

	TOTAL MILES	COST
Scouting	_____ @ _____	_____
Scrimmages	_____ @ _____	_____
Meetings	_____ @ _____	_____

## 5) Entry Fees (Green Fees)

	NUMBER OF ENTRIES	COST
Varsity	_____	_____
Jr. Varsity	_____	_____
Reserves Freshman	_____	_____
Middle School	_____	_____

## 6) Miscellaneous

Item	Source	Number	Price/unit	Total cost
Field supplies				
Scorebooks				
Stat. materials Books				
Videotapes/Film				

## 7) Clinics

Estimate the expenses for clinics for all coaches approved to attend. The amount approved will be the maximum that will be paid from the athletic fund. Any additional expense will be the responsibility of the coach.

### STATE CLINIC

Location \_\_\_\_\_

Item	Number	Price/unit	Total cost
Coaches registration			
Rooms			
Meals			
Miles			
<b>Total state clinic expense</b>			

### NATIONAL CLINIC -

Location \_\_\_\_\_

Item	Number	Price/unit	Total cost
Coaches registration			
Rooms			
Meals			
Miles			
<b>Total state clinic expense</b>			

### Summary: (Leave Blank)

Amount approved for state clinic \_\_\_\_\_

Amount approved for national clinic \_\_\_\_\_

## 8) Request from the Athletic Booster Club

1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
	Total requests	\$

Mark with \* if request from booster club has been included elsewhere in this budget request.

## 9) Fund Raising Project

Fundraisers for next year must be requested at this time.

Type of fundraiser \_\_\_\_\_

Month to be held \_\_\_\_\_

Product to be merchandised \_\_\_\_\_

Team levels to be involved \_\_\_\_\_

Reason for fundraiser \_\_\_\_\_

Profits to be used for \_\_\_\_\_

Estimated profit \_\_\_\_\_

Coach in charge of fund raiser \_\_\_\_\_

## Budget Summary

	Total Requested	Total approved
a) UNIFORMS	\$	\$
b) EQUIPMENT	\$	\$
c) REPAIRS	\$	\$
d) TRANSPORTATION	\$	\$
e) ENTRY FEES	\$	\$
f) MISCELLANEOUS	\$	\$
g) CLINICS	\$	\$
h) BOOSTER CLUB	\$	\$
	<b>Total budget</b>	\$

Budget for year\_\_\_\_\_

**10) Comments or Recommendations** for next year concerning your sports program:

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