

University of Illinois
Division of Campus Recreation
Sport Club Program

BUDGET REPORT

CLUB NAME _____ DATE _____

CLUB TREASURER _____ PERSON FILING THIS REPORT _____

NUMBER OF PRACTICES PER WEEK _____ NUMBER OF HOURS PER PRACTICE _____

TOTAL NUMBER OF COMPETITIONS _____
(INCLUDE GAMES, MATCHES, MEETS & TOURNAMENTS OF SECOND AND THIRD TEAMS IF APPLICABLE)

DOES YOUR CLUB BELONG TO A LOCAL, REGIONAL OR NATION LEAGUE OR ORGANIZATION? _____
IF YES, PLEASE LIST THEM. _____

TOTAL EXPENSES (TRANSFER EXPENSES FROM THE FOLLOWING PAGES TO THIS SHEET)

- | | |
|----------------------------------|-------------|
| 1. LEAGUE DUES | TOTAL _____ |
| 2. INSURANCE DUES | TOTAL _____ |
| 3. EQUIPMENT COSTS | TOTAL _____ |
| 4. OFFICIAL'S COST | TOTAL _____ |
| 5. ENTRY FEE | TOTAL _____ |
| 6. FIELD AND/OR FACILITY RENTALS | TOTAL _____ |
| 7. TRAINER'S FEES | TOTAL _____ |
| 8. TRAVEL COSTS | TOTAL _____ |

TOTAL EXPENSES _____

TOTAL INCOME (TRANSFER INCOME FROM THE FOLLOWING PAGES TO THIS SHEET)

- | | | | |
|----------------------------|-----------------|-------------------------|--|
| 1. DUES | | | |
| A. NUMBER OF MEMBERS _____ | X \$/YEAR _____ | TOTAL _____ | |
| 2. FUNDRAISING | | | |
| A. PRIVATE DONATIONS _____ | | | |
| B. TOURNAMENTS _____ | | | |
| C. SPONSORSHIPS _____ | | | |
| D. OTHER _____ | | | |
| | | TOTAL FUNDRAISING _____ | |
| 3. SORF FUNDING | | TOTAL _____ | |

TOTAL INCOME _____

I AGREE THAT THIS REPORT IS ACCURATE AND UP-TO-DATE.

PRESIDENT SIGNATURE _____ DATE _____

TREASURER SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____