

**Nelson and District Riding Club**  
**BUDGET SUBMISSION FOR 20\_\_ TO BE APPROVED BY THE EXECUTIVE**

**REVENUE**

Entry/reg'n fees (#\_\_\_\_\_ x \$\_\_\_\_) \_\_\_\_\_

Stabling fees \_\_\_\_\_

Donations \_\_\_\_\_

Sponsors \_\_\_\_\_

Other: Government \_\_\_\_\_

Gaming \_\_\_\_\_

Organization/club support \_\_\_\_\_

Miscellaneous (describe) \_\_\_\_\_

**TOTAL REVENUES:** \_\_\_\_\_

Project Name: \_\_\_\_\_

Approx Dates: \_\_\_\_\_

Location: \_\_\_\_\_

**EXPENSE**

Clinicians fees \_\_\_\_\_

Travel (air/gas/ferry) \_\_\_\_\_

Accom/meals \_\_\_\_\_

Facility rent \_\_\_\_\_

Equip rental/purchase \_\_\_\_\_

Telephone/Fax \_\_\_\_\_

Printing/Copier \_\_\_\_\_

Postage/Office Supplies \_\_\_\_\_

Awards/Gifts \_\_\_\_\_

Contract Labour \_\_\_\_\_

Other (please describe) \_\_\_\_\_

**TOTAL EXPENSE:** \_\_\_\_\_

**SURPLUS/(DEFICIT):** \_\_\_\_\_

**FUNDING REQUESTED** \_\_\_\_\_

**GROUP MAKING REQUEST** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**DESCRIBE PROJECT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DESCRIBE BENEFITS & ANTICIPATED RESULTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF CLINICIANS/OFFICIALS TO BE USED AT YOUR EVENT:** \_\_\_\_\_

\_\_\_\_\_