

Northwestern University Athletic Department Fundraising Activity

Please complete this form prior to your fundraising activity and submit to the Business Office.

Today's Date: _____

Your Name: _____

Team/Department: _____

Date(s) of Event: _____

Description of Event: _____

Location(s) of Event: _____

ESTIMATED REVENUES				
	Description	# of Participants	Cost per Person	Total
Ex. #1	Participation fee for golf outing	25	\$ 200.00	\$ 5,000.00
Ex. #2	Clinic Fees	20	\$ 300.00	\$ 6,000.00
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total Estimated Revenue

ESTIMATED EXPENSES				
	Description	Estimated #	Cost per Person	Total
Ex. #1	Dinner after Golf Outing	25	\$ 30.00	\$ 750.00
Ex. #2	Clinic Shirts	20	\$ 8.00	\$ 160.00
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total Estimated Expenses

Total Estimated Profit