

NCWSA Event Planning Form

Complete and return to the club Vice President

Planners Name:

Phone:

Location:

Proposed Date(s):

| | | | |
|---|--|-------------------|--|
| List the people who will be helping organize and put on the event | | | |
| Director | | Course Director | |
| Secretary | | Safety (required) | |
| Let-out/Exhaust | | Hospitality | |
| Programs/Advertising | | Raffle | |
| Describe the type of event: (Clinic, workday or trial? What training level will be emphasized or required? What trainer, judge or skills will be featured? What livestock will be used and how many per run?) | | | |
| Describe Facilities (field or arena? Parking, bathrooms, electricity, water, grandstands, covered shelter camping, motels for two day events). | | | |

PROPOSED BUDGET

(Estimated receipts should cover anticipated costs so that the event at least breaks even)

| EXPENSES | INCOME |
|--|--------------------------|
| Sheep fee | Entry fees (see below) 0 |
| Hauling fee | Spectator fees (clinic) |
| Grounds fee | Program advertising |
| Portable toilets | Food Service |
| Judge's fee | Raffle |
| Judge's lodging & meals | Donations |
| USBCHA fees | |
| Postage/copies (150 members) | |
| Second Mailing (running order) | |
| Programs (copies or printing) | |
| Crew lunches | |
| Other Costs | |
| Awards: Ribbons & Trophies | |
| Cash award (purse) | |
| Plus 10% contingency fee | |
| TOTAL | 0 |
| NET (TOTAL INCOME MINUS TOTAL EXPENSES) | |
| 0 | |

| Anticipated Income from Entries | | | | | |
|---------------------------------|-------------------|---|-----|---|----------|
| Class | Number of Entries | X | Fee | = | Income |
| OPEN | | X | | = | 0 |
| PRO-NOVICE | | X | | = | 0 |
| RANCH/ADV.NOVICE | | X | | = | 0 |
| NOVICE | | X | | = | 0 |
| CLINIC 1-DAY | | X | | = | 0 |
| CLINIC 2-DAY | | X | | = | 0 |
| SPECTATOR 1-DAY | | X | | = | 0 |
| SPECTATOR 2-DAY | | X | | = | 0 |
| TOTAL | | | | | 0 |