

**NCWSA EVENT PLANNING FORM
COMPLETE AND RETURN TO THE CLUB VICE PRESIDENT**

Planners Name:
Location:

Phone:
Proposed Date(s):

List The People Who Will Be Helping Organize And Put On The Event:

Director		Course Director		
Secretary		Safety (required)	1)	2) 3)
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)	
Hauling Fee		Spectator Fees (clinic)	
Grounds Fee		Program advertising	
Portable Toilets		Food Service	
Judge's fee		Raffle	
Judge's lodging and meals		Donations	
USBCHA Fees			
Postage/copies (150 members)			
Second mailing? (running order)			
Programs (copies or printing)			
Crew lunches			
Other costs:			
Awards: Ribbons and Trophies			
Cash Awards (Purse)			
TOTAL		TOTAL	
NET (TOTAL INCOME MINUS TOTAL EXPENSES)			

Anticipated Income from Entries

Class	Number of entries	X	Fee	=	Income
OPEN		X	\$	=	\$
PRO-NOVICE		X	\$	=	\$
RANCH/ADV.NOVICE		X	\$	=	\$
NOVICE		X	\$	=	\$
CLINIC 1-DAY		X	\$	=	\$
CLINIC 2-DAY		X	\$	=	\$
SPECTATOR 1-DAY		X	\$	=	\$
SPECTATOR 2-DAY		X	\$	=	\$
TOTAL				=	\$