

CALIFORNIA STATE UNIVERSITY, BAKERSFIELD
Athletic Department
9001 Stockdale Hwy
Bakersfield, CA 93311

CAMP BUDGET PROJECTIONS

TEAM _____

DATE OF CAMP _____

REVENUES

Sponsors _____

Registration Fees _____

Other _____

EXPENSES

Salaries _____

Fringe Benefits _____

Facility Rental _____

Printing _____

Supplies & Services _____

Postage _____

Insurance _____

Total Expenses _____

Net Profit _____

I hereby certify that to the best of my knowledge, the information given is correct and complete. I understand that if I knowingly give false information, or violate CSUB or NCAA rules, my employment in the CSUB athletic department may be jeopardized.

Head Coach/ Camp Director *Signature* _____

Athletic Business Manager *Signature* _____