

AYSO Annual Budget

Section _____	Area _____	Region _____	Other _____
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For the 12 month period beginning: ___/___/___ Ending: ___/___/___
 Date of last financial statement distributed to members: ___/___/___

	Budget	Per player	Last Season Actual
Estimated Revenues:			
11. Registration Fees (see bottom right)	_____	_____	_____
12. Sponsors & Contributions	_____	_____	_____
14. Fund-raising Activities	_____	_____	_____
15. Interest Income	_____	_____	_____
19. Other (Describe)	_____	_____	_____
_____	_____	_____	_____
Total Estimated Revenues (R):			

Estimated Expenditures:			
40. Payments to AYSO	_____	_____	_____
41. Fund-raising Expenses	_____	_____	_____
42. Uniforms/Players & Officials	_____	_____	_____
43. Soccer Equipment & Storage	_____	_____	_____
44. Field Expenses	_____	_____	_____
45. Play-off Expenses	_____	_____	_____
46. Awards, Trophies, Scholarships	_____	_____	_____
47. Postage, Bank Fees, Misc. Supplies	_____	_____	_____
48. Travel, Phones, Meetings	_____	_____	_____
Section Meeting	_____	_____	_____
National Meeting (NAGM)	_____	_____	_____
49. Ads, Newsletters, Photos, Yearbook	_____	_____	_____
50. Clinics (Coaches & Referees)	_____	_____	_____
99. Other (Describe): _____	_____	_____	_____
_____	_____	_____	_____
Contingency	_____	_____	_____
Total Estimated Expenditures (E):			

Estimated Cash Increase (Decrease), (R-E):	_____
Cash Balance From Prior Season:	_____
Estimated Ending Cash Reserve:	_____

Please comment if the Cash reserve is less than \$5 or more than \$12 per player:

Comments: _____

Treasurer's Name & Signature: _____ Date: _____

Executive Member's Name & Signature: _____ Date: _____

DUE DATES:

Region — 30 days prior to first registration day

Area discretionary account — July 1

Section discretionary account — July 1

Tournament — 6 months prior to event

Camp — 60 days prior to camp

Cultural exchange — 3 months prior to travel

PLEASE COMPLETE THIS SECTION:

	Registration Fees	
Players	Fee	
_____ x _____	=	_____
_____ x _____	=	_____
_____ x _____	=	_____
_____ x _____	=	_____
Total (carry to Line 11 above)	=	_____

✉ Mail or fax (310-643-5310) to AYSO National Support Center (P.O. Box 5045, Hawthorne, CA 90251-5045) and submit a copy to your area director.