



REGION 5 USA  
GYMNASTICS  
PROPOSED BUDGET FORM

EVENT NAME: \_\_\_\_\_  
EVENT DATE: \_\_\_\_\_  
MEET DIRECTOR: \_\_\_\_\_

ESTIMATED # OF  
ATHLETES: \_\_\_\_\_

FACILITY RENTAL: \_\_\_\_\_  
AWARDS: \_\_\_\_\_  
EQUIPMENT RENTAL: \_\_\_\_\_  
MEDICAL: \_\_\_\_\_  
JUDGING FEES: \_\_\_\_\_  
JUDGES \_\_\_\_\_  
TRANSPORTATION: \_\_\_\_\_  
JUDGES HOTEL: \_\_\_\_\_  
JUDGES HOSPITALITY: \_\_\_\_\_  
COACHES HOSPITALITY: \_\_\_\_\_  
OFFICE SUPPLIES: \_\_\_\_\_  
USA GYM FEES: OTHER \_\_\_\_\_  
(SPECIFY): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
TOTAL: \_\_\_\_\_

\_\_\_\_\_  
MEET DIRECTOR SIGNATURE

\_\_\_\_\_  
DATE