

# AYSO Annual Budget

<b>Section</b> _____	<b>Area</b> _____	<b>Region</b> _____	<b>Other</b> _____
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**For the 12 month period beginning:** \_\_/\_\_/\_\_ **Ending:** \_\_/\_\_/\_\_

Date of last financial statement distributed to members: \_\_/\_\_/\_\_

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

<b>Estimated Expenditures:</b>			
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	_____	_____	_____
<b>Total Estimated Expenditures (E):</b>	_____		

**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: \_\_\_\_\_

<p><b>DUE DATES:</b></p> <p>Region — 30 days prior to first registration day</p> <p>Area discretionary account — July 1</p> <p>Section discretionary account — July 1</p> <p>Tournament — 6 months prior to event</p> <p>Camp — 60 days prior to camp</p> <p>Cultural exchange — 3 months prior to travel</p>	<p><b>PLEASE COMPLETE THIS SECTION:</b></p> <p style="text-align: center;"><u>Registration Fees</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Players</th> <th style="width: 20%;"></th> <th style="width: 20%; text-align: center;">Fee</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td style="text-align: center;">x</td> <td>_____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">x</td> <td>_____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">x</td> <td>_____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">x</td> <td>_____</td> <td style="text-align: center;">= _____</td> </tr> <tr> <td colspan="3">Total (carry to Line 11 above)</td> <td style="text-align: center;">= _____</td> </tr> </tbody> </table>	Players		Fee		_____	x	_____	= _____	_____	x	_____	= _____	_____	x	_____	= _____	_____	x	_____	= _____	Total (carry to Line 11 above)			= _____
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.**