



## Kids for Wish Kids® Proposal Form & Budget

### Event Information

Name of Main Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Group: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: \_\_\_\_\_

Description of Event:

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Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Would you like a Make-A-Wish Vermont representative to meet with your group, speak at an assembly, or attend a check presentation? If yes, please describe your request. (We will make every effort to accommodate your request if at all possible.) **YES NO**

Do you plan on publicizing the event? If yes, please describe. **YES NO**

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## Projected Budget

Expenses:		Revenue: (i.e. sponsorship, donations from students, etc.)	
Room Rental:	\$ _____	_____	\$ _____
Decorating:	\$ _____	_____	\$ _____
Catering:	\$ _____	_____	\$ _____
Entertainment:	\$ _____	_____	\$ _____
Supplies:	\$ _____	_____	\$ _____
Printing:	\$ _____	_____	\$ _____
Advertising:	\$ _____		
Mailing Costs:	\$ _____		
Other:	\$ _____		
Other:	\$ _____		
Other:	\$ _____		
<b>Total Expenses:</b>	<b>\$ _____</b>	<b>Total Revenue:</b>	<b>\$ _____</b>

## Budget Calculations

Total Income	\$ _____
Total Expenses -	\$ _____
Total Revenue =	\$ _____
Amount Kept by Sponsor -	\$ _____
<b>Projected Total Donation to Make-A-Wish =</b>	<b>\$ _____</b>

## Signature

We have read and agree to follow the terms set forth in the Kids For Wish Kids Toolkit.  
*(Note: The proposed event will not become effective until it is approved by Make-A-Wish Vermont, as evidenced by a Make-A-Wish representative's signature in the space below.)*

**Proposed by:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by Make-A-Wish Representative:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_