**ACTIVITY COST ESTIMATE FORM**

**JUG & MUG SKI CLUB**

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| **Directions:** When proposing an activity to Council, this form must be completed and distributed at a Council Meeting for approval. Bring 6 copies. Meetings are held the 2nd Tuesday of the month. Let the President know 3 days before the meeting that you want to be on the agenda. (This fillable form can be completed on-line, saved to your computer, and printed.)  **Section 1 – Activity Information  Club Supported Trip**  **Club Non-Supported Trip (See Policy 23)** | | | | | | |
| **Name/Type of Activity:** | | | | | **Begin Date:** | **End Date:** |
| **Location/Address** | | **City:** | | **State**: | **Start Time:** | **End Time:** |
| **Chairperson:** | | **Phone #:** | | | **E-Mail:** | |
| **Co-Chairperson:** | | **Phone #:** | | | **E-Mail** | |
| **Deposit Amount Required:** | **Date Deposit Due:** | **Date Final Payment Due:** | | | **Last Date to Signup:** | |
| **Last Date to Cancel Without Penalty:** | **Copy of contract/agreement attached?**  **Yes**  **No** | | **Contract ‘s Contact Person:** | | | **Phone #:** |

Bottom of Form

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| **Section 2 – Cost Estimates (Include only the expenses that pertains to this activity.)** | | |
| **Transportation Cost: (i.e. Bus, Plane, Train)** | **Transportation Deposit Required:** | **Food Costs:** |
| **Total Lodging Costs:** | **Lodging Deposit Required:** | **Trip Chair(s) Reimbursement: (See Policy 8.)** |
| **Single Room: (As king)** | **Additional room details. Or attach the “quoted” room pricing to this form.** | |
| **Double Room (2 queens):** |
| **Suite Room:** |
| **Each Additional Person(s):** |
| **List Estimated Miscellaneous Expenses: (i.e. kayaks, DJ, equipment, meeting room, supplies, paper products, welcome party, etc.)** | | |

**Section 3 – Activity Cost Estimate Per Participant**

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| --- | --- | --- | --- | --- |
| **Total Cost Per Person:** | **Total Estimated Participants:** | **Total Estimated Cost:** | **Participants Required:** | |
| **Minimum No. Required:** | **Maximum Accepted:** |
|  |  |
| **Proposed Price Per Member:** | | **Proposed Price per Guest: (Policy 7, Guideline)** | | |

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| **Additional Information Regarding This Activity /Comments:** |