**LEHIGH AFTER DARK Activity Fund**

**Budget for (FILL In Name of Event)**

Please fill out the following table with a detailed, itemized budget. For aggregate items (i.e., event staff, food) specify quantity, cost per item/hour, and total funds required. Feel free to add or subtract as many items in the various categories as are necessary to elaborate on your budget. Indicate the amount that you are requesting from co-sponsors and the amount that you are requesting from LAD. Save the file with name of submitter and name of event. Ex. Bob Jones.Bowling.doc

