

**MEDFORD RECREATION COMMISSION  
BUDGET REQUEST FORM**

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

(1) Name of Organization/Activity: \_\_\_\_\_

(2) Contact Person: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

(3) Organization or Activity Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(4) Anticipated Number of Participants: \_\_\_\_\_

(5) Anticipated Registration Fee: \_\_\_\_\_

(6) Total Requested Amount: \_\_\_\_\_

(7) Operating Costs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(8) Capital Requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(9) Total Annual Budget: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

.....  
Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_