



Budget Form

Due Date: 3 weeks after receiving this form Please return completed forms to lcorbett@dcpa.ora

Please provide the estimated budget for your show and various aspects. (This information is requested for background purposes only and has no bearing on the nomination process. Budget size is not used as criteria for evaluation.)

School Name: Theatre Program Contact:

OVERALL BUDGET

MUSICAL ONLY BUDGET Estimated \$

Please indicate the source of these funds with an estimated breakdown by percentage:

(example: 60% Ticket Sales, 40% Student Fundraising Activities)

- % School Board Allocation
- % Community Support
- % Student Fundraising Activities
- % Donations
- % Ticket Sales
- % Other (be specific):
- % Program Advertising/Boosters other source of funding



PRODUCTION COSTS

Scenic

Scenic Budget: \$

Approx percentage spent on rentals: %

Please briefly describe how rentals were used and what was constructed:

Costumes

Costume Budget: \$

Approx Percentage spent on rentals:

Please briefly describe how rentals were used and what was constructed:

Lighting

Lighting Budget: \$

Sound

Sound Budget: \$

Props

Props Budget: \$

Hair and Makeup

Hair and Makeup Budget: \$