

EVENT PROPOSAL FORM

Schulich School of Business Undergraduate Clubs

Initiator: _____	Date: _____
Club/Organization/UBC: _____	
Email: _____	Phone Number: _____

Form #:

U _____

EVENT:	Approximate Number of Participants: _____
Start Date : _____	Start Time: _____
Finish Date: _____	End Time: _____

RESOURCES: (Check All that Apply)

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Private Dining Hall	<input type="checkbox"/> Off Campus Event	<input type="checkbox"/> Weekend Event	<input type="checkbox"/> Student Common
<input type="checkbox"/> Dining Hall	<input type="checkbox"/> Multiple Room Booking	<input type="checkbox"/> Catering	<input type="checkbox"/> McDuffs Café (2 nd Floor)	
<input type="checkbox"/> Classrooms	<input type="checkbox"/> Breakout Rooms	<input type="checkbox"/> Tuchner's	<input type="checkbox"/> 3 rd Floor Lounge	
<input type="checkbox"/> Use of Audio/Video Equipment (Any Classroom A/V can used at a cost): _____				

Scope and Details:

Note: Event Proposal must be completely approved by the School no later than 3 months prior to actual event date.

Sanction from Student Body

Student Government President (UBC): _____ Date: _____

Primary Faculty/Department Support

Faculty or Staff: _____ Date: _____

Please Print Name, Date, & Sign Required Event Staff Approval	Required to Sign? YES/NO	President's Initials	Approved Proposal	DATE	Comments Attached
Event Planning & Logistics (Susan Beram W362K)					Check if YES <input type="checkbox"/>
Schulich Finance & Budget (Office of the Executive Officer W362T)					Check if YES <input type="checkbox"/>
Career Development Centre (Management N202)					Check if YES <input type="checkbox"/>
Dean's Office (Sean Siddik N302B)					Check if YES <input type="checkbox"/>

Classroom(s) booked: _____ Date: _____

Approved By (N230/N230B): _____

**All Required Event Staff
Above Must Sign Approval
Before A Room Can Be
Booked**

Please attach Written Proposal to this form