

# EVENT/PROGRAMMING PROPOSAL FORM

Please return this completed form to the Student Life Coordinator at least two weeks prior to the date of the event.

Please Print or Type

Name of Applicant: \_\_\_\_\_

Name of Student Organization: \_\_\_\_\_

Time(s) and Date(s) of Event: \_\_\_\_\_ Event Name: \_\_\_\_\_

What materials will be needed? Please check all that apply.

- |   |                                 |                                       |
|---|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Computer/Data Cart | <input type="checkbox"/> Tables | <input type="checkbox"/> Audio/Visual |
| <input type="checkbox"/> Podium/Microphone  | <input type="checkbox"/> Chairs | <input type="checkbox"/> Other        |

If other, please list the requested materials: \_\_\_\_\_  
\_\_\_\_\_

Purpose for Requested Materials: \_\_\_\_\_

Other, please list the requested materials: \_\_\_\_\_

Is money being requested to fund event. Where is money coming from to fund event/program? \_\_\_\_\_  
\_\_\_\_\_

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## FOR STUDENT

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Contact Information

\_\_\_\_\_  
Date

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## FOR FACULTY ADVISOR

\_\_\_\_\_  
Faculty Advisor's Name

\_\_\_\_\_  
Faculty Advisor's Signature

\_\_\_\_\_  
Date