

Event Proposal for Student Clubs

*Must be submitted to the Vice President of Student Services Office **no less than 14 calendar days** before the event*

Contact Name(s) (club officer): _____

Name of Club(s): _____ Name of Advisor: _____

Program Title: _____ Program Location: _____

Program Date: _____ Program Time: _____ to _____

“School Dude” Facilities request Status:
 Request Submitted? Yes No Request approved? Yes No

Objective / Goal of Event: _____

Description of Event: _____

Intended Audience: _____

Estimated Attendance: _____

Co-Sponsor: Yes No *(If yes, then indicate with whom: _____)*

Speaker(s): Yes No *(If yes, then indicate the individual/group: _____)*

Did you Consider?	Cash box	Liability waivers	Security
	Catering/food services	Locking and unlocking	Tables/chairs/trash bins
	Decorations	Set up and clean up	Transportation

Advertising/Outreach (Check all that apply)

- | | |
|----------------|---------------|
| Bulletin Board | News Letter |
| Door Hangers | Phone |
| Email | Siskiyous.edu |
| Everbridge | Table Tents |
| Fliers/Posters | Word of Mouth |

Other: _____

Advertising start date: _____

Budget

Estimated Cost: _____ **Source of funds:** _____

Purchase Order: Yes No

Club Check Request: Yes No

If yes, please indicate amount: _____

Description of purchases:

Advisor Approved: _____

Date: _____

Approved: _____

Date: _____

VPSS or Designee signature