

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 Catering/food services Decorations	Liability waivers Locking and unlocking Set up and clean up	Security Tables/chairs/trash bins Transportation
Advertising/Outreach (Check all that apply)		Budget	
Bulletin Board	News Letter	Estimated Cost: _____ Source of funds: _____	
Door Hangers	Phone	Purchase Order: Yes No	
Email	Siskiyous.edu	Club Check Request: Yes No	
Everbridge	Table Tents	<i>If yes, please indicate amount:</i> _____	
Fliers/Posters	Word of Mouth	Description of purchases:	
Other: _____		_____	
Advertising start date: _____		_____	

Advisor Approved: _____

Date: _____

Approved: _____

Date: _____

VPSS or Designee signature