



NON-FUNDRAISING EVENT CALENDAR PROPOSAL FORM

Name of Sponsoring Group

Group Contact Name

Contact Phone Number

Contact Email

Tell Us About Your Fundraiser or Event

Name of Event:

Date of Event (if event will run more than one date, please list the range; example: 3/13/18-3/17/18):

PRIMARY CHOICE:

SECONDARY CHOICE (in the case your primary choice date is not approved):

CALAMITY DATES (if your event is contingent upon weather, please offer a calamity date)

Location of Fundraiser/Event:

PRIMARY CHOICE:

SECONDARY CHOICE (in the case your primary choice location is not approved):

Time of Event:

START TIME:

END TIME:

Describe the Logistics and Details of Your Event:

Will You Need Audio Visual Equipment? Explain.

Please Provide a Set-Up Diagram as to How You Want Your Event Space Set-Up:

How much start-up money do you need and how do you plan to get it?