## **Event/Activity Proposal Form**

This form is mandatory for all events on and off campus. Proposals for consideration must be authorized by the Parents' Association President. Return completed proposals to the Parents' Association President for consideration by committee.

Before completing this form, please answer the following questions:

2. If so, how?  Date of request:			
Event/Activity description:			
Proposed date(s):		Proposed time:	
Proposed location:			
Type of Event/Activity (check all tha	t apply):		
School Event School/Con	nmunity Event	Ongoing School Ac	ctivity Other
Event/Activity beneficiary (specify al	ll that apply):		
Grade: Club:	Division:	Co	mmittee:
All-School: Other			
Faculty sponsor:	Propo	sed chairperson:	
Estimated income: F		stimated expenses:	
If applicable, list parent/community			
ir application, list parent community	resources required (	ici, donadons, spor	isoromps, venue, etc.,.
Estimated number of volunteers need	ded:		
For office use only:			
The order of routing is as follows:			
Parents' Association President Signature:			Date:
2. Parents' Association President-Elec	t Signature:		Date:
3. If fundraiser Development Officer	Initials:	Date:	-
4. Activities Council:	Initials:	Date:	Copy to: Tom Hollinger