**ON-CAMPUS ACTIVITY PROPOSAL FORM**

\* \* *If the purpose of the event is to fundraise please use the FUNDRAISING PROPOSAL FORM* \* \*

This is the first step in planning your event. Due to the large number of events held by College offices and student groups it is important to consult the College calendar to avoid scheduling conflicts. E-mail or call to set up a meeting with the Office of Student Affairs to discuss the event in detail and reserve the dates and spaces required. The earlier you submit this form, the better chance of gaining approval for your chosen date(s). Events should be planned at least two months in advance and all forms completed at least one and a half months in advance.

Please download, complete and return this form to the Office of Student Affairs at studentaffairs@acg.edu at least **one and a half months** before the event. ***In submitting this form it is understood that your advisor is aware of and has approved the event.***

This form will help you in planning your event. It asks you detailed questions on typical expenses and forms of revenue. Along with this form you must submit a detailed budget in excel format.

**STUDENT GROUP** Click here to enter text.

**ACTIVITY/EVENT TITLE** Click here to enter text.

**CONTACT INFORMATION**

Name: Click here to enter text. Mobile phone: Click here to enter text. Group E-mail: Click here to enter text.

**ACTIVITY/EVENT INFORMATION**

When will the event take place? Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.

Additional days/times: Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.

Where will the event take place on campus? Spaces/room(s) Click here to enter text.

Description/Purpose Click here to enter text.

**EXPENSES: College Support Services**

\* \* *REQUISITION FORMS must be completed for ALL College Support Services needed,*

*and require AT LEAST four (4) weeks to be processed properly. ALWAYS consider this when planning your event* \* \*

The following are mandatory for ALL evening events and will be charged to the corresponding club/organization budget:

Electrician Cleaning Services Entrance to College

**Will you require a sound technician? (to set up music, speakers, etc.)** Choose an item.

If yes, please describe the services you will require: Click here to enter text.

**Will you require set up assistance from technical services?** Choose an item.

If yes, please describe the assistance you will require: Click here to enter text.

**Will you require food services?** Choose an item.

If yes, please describe the services you will require: Click here to enter text.

**Will you require permission for entrance to the College (for speakers)?** Choose an item.

If yes, please list the people you would like to access campus & their role in the event Click here to enter text.

**Will you require in-house copying (at Xerox office)** Choose an item.

If yes, please list number and size of copies required Click here to enter text.

*Please note that in-house copies are black and white and are available in A4 and A5 sizes*

**Will you require Media Center services (A/V equipment, keys to rooms)?** Choose an item.

*If yes, please note that you are responsible to make all arrangements with the Media Center staff for services required.*

**EXPENSES: Other**

**Will you be purchasing any materials?** Choose an item.

If yes, please detail: Click here to enter text.

**Are you planning on renting equipment?** Choose an item.

If you do plan on renting equipment, please provide vendor/s name/s and a description of

the products/services you plan to rent:

Name: Click here to enter text. Name: Click here to enter text.

Product/Service: Click here to enter text. Product/Service: Click here to enter text.

**REVENUE: Donors**

**Will you be approaching donors to supply products/services?** Choose an item.

If you do plan on approaching donors, please provide donor/s name/s and a description of the products/services you will be requesting they provide:

Name: Click here to enter text. Name: Click here to enter text.

Product/Service: Click here to enter text. Product/Service: Click here to enter text.

Name: Click here to enter text. Name: Click here to enter text.

Product/Service: Click here to enter text. Product/Service: Click here to enter text.

**Will you be charging for the products/services provided by the donor?** Choose an item.

Please describe in detail: Click here to enter text.

**REVENUE: Attendance**

How many DEREE students do you expect to attend? Click here to enter text.

Will the event be open to alumni? Choose an item. If yes, number of alumni expected to attend: Click here to enter text.

Will the event be open to the public? Choose an item. If yes, number of guests expected to attend: Click here to enter text.

Total (maximum) number of people expected to attend? Click here to enter text.

Will there be an entrance fee for DEREE students? Choose an item. If yes, please indicate amount: Click here to enter text.

Will there be an entrance fee for DEREE alumni? Choose an item. If yes, please indicate amount: Click here to enter text.

Will there be an entrance fee for other guests? Choose an item. If yes, please indicate amount: Click here to enter text.

**EXPECTED REVENUE vs PLANNED EXPENSES: Business Plan**

**Please submit detailed description of all planned expenses and expected revenue using an excel sheet.**

Club/Organization Submitting Officer (Signature) Club/Organization Advisor (Signature)

**FOR OFFICE USE ONLY**

[ ]  ACG Spaces booking form [ ]  Confirmed by College Events [ ]  Confirmation sent to requestor

[ ]  Room booking form [ ]  Confirmed by Registrar’s [ ]  Confirmation sent to requestor

[ ]  Athletics space booking form [ ]  Confirmed by Athletics [ ]  Confirmation sent to requestor

[ ]  Requisitions: Purchasing, Tech Services [ ]  Confirmed by TS & Purchasing

[ ]  Operations: entrance, parking, security [ ]  Confirmed by Operations

OSA Signature