Event Proposal Form

Student Organization Name: ____________________________ Date: ______________

Please check the type of activity/event you are planning, based on provided examples…

- External Event (off-campus)
  - Community Service project
  - Movie Night Out
  - BBQ or Picnic

- Internal Event (on-campus)
  - Clean Up Campus campaign
  - Take Back the Night march
  - Film or speaker presentation

Event Title: __________________________________________
Event Date: __________ Time: __________ Location: ______________

Summary of Event: _______________________________________
________________________________________________________________________
________________________________________________________________________

Impact Statement: How did this event impact COCC students, the campus, a community, or your club/organization’s mission?
________________________________________________________________________
________________________________________________________________________

Event Expenses/Requested Resources (Examples: decorations, speaker fees, catering, facility rental fee, rentals, advertising, travel, and possibly income from fundraisers)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Event/Activity Expenses Total: $___________

________________________________________________________________________

________________________________________________________________________

Event/Activity Income Total (if applicable): $___________

________________________________________________________________________

Event Attendance:
COC Students: ___ COCC Staff: ___ OSU Cascades: ___ Public: ___ Total Attendance: _______

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