



ASCOCC USE ONLY:	
Date Processed:	_____
Initials:	_____

Event Proposal Form

Student Organization Name: _____ **Date:** _____

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

- | | |
|--|---|
| <input type="checkbox"/> External Event (off-campus) <ul style="list-style-type: none"> - Community Service project - Movie Night Out - BBQ or Picnic | <input type="checkbox"/> Internal Event (on-campus) <ul style="list-style-type: none"> - 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:

COCC Students: ___ **COCC Staff:** ___ **OSU Cascades:** ___ **Public:** ___ **Total Attendance:** _____