Student Club/Organization Event Proposal Form

If event is approved, facilities request form must be submitted.

Club Name: _____

What is the event? _____

Why are you having this event? _____

Target Audience for Event: OCC Students Faculty/Staff General Public

Day & Date of Event: _____ **Location:** _____

Event Time: _____am/pm **until** _____am/pm **Set-up Time:** _____am/pm

Have you submitted a room request (R25 form)**?** Yes ___ No ___

Would you like this event promoted on social media? Yes ___ No ___

Member in charge of event: _____ **Phone #:** _____

Email: _____

What are your estimated expenses? (for ex. Speaker fees, refreshments, decorations)

_____

Names of Confirmed Volunteers

Set Up: 1_____ 2_____

3_____ 4_____

Publicity: 1_____ 2_____

3_____ 4_____

Event Staffing: 1_____ 2_____

3_____ 4_____

Clean-Up: 1_____ 2_____

3_____ 4_____

Are you committed to attending this event?
Yes ☐ No ☐

_____
Club President Signature Date

Are you committed to attending this event?
Yes ☐ No ☐

_____
Club Advisor Signature Date

_____
Assistant Director of Student Life Date