

DHSA EVENT PROPOSAL FORM

NAME OF EVENT: _____

TYPE OF EVENT (please check all that apply):

FUNDRAISER _____ SOCIAL _____
SPORT _____ OTHER _____

COMMITTEE CO-CHAIRS (must have two):

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

COMMITTEE MEMBERS (must have at least three):

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

NAME: _____ EMAIL: _____

EVENT SPACE REQUESTED (please check all that apply):

FLEX ROOM _____ GYM _____
CAFETERIA _____ KITCHEN _____
OTHER _____

EVENT CALENDAR DATE: FALL _____ WINTER _____ SPRING _____

EVENT DETAILS :

PROPOSED BUDGET: _____

NAME: _____

DATE: _____