**Club Event Proposal Packet**

Please contact ASPCP Vice President or Student Engagement Specialist with any questions and for assistance in completing this form.

CONTACT INFORMATION

**Name:** *Enter coordinator’s name and title.* **Date:** *Click to enter today’s date.*

EVENT INFORMATION

**Event Title:** *Enter event title.*

**Date:** *Click to enter date*. **Time:**  *Enter event time* **Location:** *Enter Location*

**Event Set-up Time:** *Click to enter time*  **Event Tear-down Time:** *Click to enter time*

**Event Description:**  *Enter event description. What will be happening at the event and how will it be set up.*

**How will your event/activity benefit students?**

*Discuss the intended event outcomes and how students can accomplish them.*

**What classes and/or academic programs will connect to this event and how?**

*Enter what programs can connect to this event.*

**Who have you contacted in the college community about collaborating on this event possibility so far?**

*Please list classes, faculty and/or staff.*

**What is your marketing plan?** *Enter ideas not including the required promotions.*

**Target Demographic:** *What type of student are you attracting?*

PLANNING DETAILS

**Please check all that apply to your event:**

**Book a vendor/performer/speaker**

*Please describe what vendors you will be using and complete a* ***contract request.***

**Serving Food**

*Please describe what food you will be serving in the* ***expenditure request****.*

**Media Equipment** (i.e. projector, microphone, sound system, PowerPoint)

*Click to enter technology/media equipment needed.*

**Rental Equipment**

*Click to enter rentals that are needed. Include ANY cost on an expenditure*

**Ticket Sales** (i.e. charging students to attend the event/ RSVP fee.)

*Click to enter prices for students and/or non-students.*

PURCAHSING

**Please check all that apply to your event:**

**Supplies/Decor**

*Click to describe what you need to purchase AND include in an* ***expenditure request.***

**Admission/Tickets**

*Click to describe what* ***tickets*** *you need AND include in an* ***expenditure request.***

**Prizes/Giveaways**

*Click to describe what* ***prizes*** *you need AND include in an* ***expenditure request.***

TRAVEL

**Please check all that apply to your event:**

**Using Pierce College Vans**

*Click to enter who will be driving the vans.*

**Booking Transportation**

*Click to enter prices for shuttle rentals. Include cost in* ***expenditure request***

**Lodging**

*Click to enter where you would like to stay. Include costs in* ***expenditure request***

**Conference**

*Click to enter what conference you are attending. Include admission fees in* ***purchasing*** *above.*

**Expenditure Request**

*Must be submitted to Student Life (C210) at least* ***three weeks*** *prior to date needed.*

**Requestor:** *Enter your name.* **Today’s Date:** *Click to enter today’s date*

**Purchasing for:** *Enter what this is for* **Date needed:** *Enter date items are needed.*

**PAYMENT**

**What is the method of payment?** *Choose an option.*

**Will this be purchased in-store or online?** *Choose an option.*

**Will this purchase need to be reimbursed? \*YES NO**

*\*If yes, must attach reimbursement form AFTER the purchase*

**PURCHASE**

**What will be purchased:** *Enter what will be purchased, include quantities.*

**What vendor/store(s):** *Enter where the items will be purchased from.*

**Amount:** *Enter the* ***total amount*** *being requested.*

**Budget Code:** *Choose a budget.*

**Outcome Statement:** *Enter the purpose of this purchase, include who it will be serving.*

**AUTHORIZATION:**

The **signatures** below verify that funds are available for the requested expenditure and authorize the expenditure of those funds from the account specified.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Click to enter date.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Click to enter date.*

Requestor Student Engagement Specialist

Director of Student Life

Club Advisor

**Graphics Request**

*This form must be completed* ***and*** *submitted to the Graphics Coordinator* ***FOUR WEEKS*** *before event date. Failure to submit form in a timely manner will result in* ***NO*** *graphics for your event.*

REQUESTOR INFORMATION **Today’s Date:** *Enter TODAY’S date.*

**Requestor:** *Enter name and title.*

**Email:** *Enter the* ***best*** *email to reach you at.*

**Phone:** *Enter the* ***best*** *number to contact you at.*

**Needed by:** *Enter date graphics are needed* ***(four weeks before event)***

EVENT INFORMATION

**Event Title:** *Enter the OFFICIAL event title*

**Event Date:** *Enter the event date* **Event Time:** *Enter time* **Event Location:** *Enter location*

DETAILS

**Speaker/Presenter Name:** *Enter speaker/presenter name*

**Sign up required:** Yes  No

**Waiver required:** Yes  No

**Tickets Required:** Yes  No

**Student Cost:** $*Enter cost* **Non-Student Cost:** $*Enter cost*

FORMAT

**Flyer (8.5x11”)**

**Big Poster (11x17”)**

**Plotter (24x36”)**

**Handbills** **(1/4Sheets)**

DESCRIPTION

*Enter event description in detail and include specific design ideas for your graphics.* ***Include specific phrases to be used on the advertisements in quotations.*** *This is important for the Graphics Coordinator to create your advertisements.*

*\*Attach any additional information or samples to this form via EMAIL*

*\*\*Graphics Requests are strictly used for Student Life and Clubs events.*