



## **EVENT PROPOSAL and/or BUDGET REQUEST**

1. Fill out this application. Feel free to add another sheet if needed
2. Hand the form into your Coordinator, Clubs/Associations at your campus  
**AT LEAST 3 WEEKS FOR CONSIDERATION**

**Club/Association Name:** \_\_\_\_\_

Campus: \_\_\_\_\_

Conflict of Interest: If Yes, Explain \_\_\_\_\_

### **Primary Contact**

President's Name \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_@myseneca.ca

### **Secondary Contact** (Vice President or Secretary/Treasurer)

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_@myseneca.ca

### **Faculty Advisor** (if associated with a program)

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_@senecacollege.ca

### **Event Information**

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Benefit to Students: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Expected Attendance: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_ Security Needs: \_\_\_\_\_

**(All alcohol related events must be approved by the Alcohol Events Committee)**

**Description of Event** (Please include what you have planned; activities; and who will be attending):

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**Budget Request** (Description of What You Are Requesting Funds For):

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**NOTE: Planning details and printed materials to be distributed or posted prior to or at an event must be submitted to and approved by the SSF Inc. prior to receiving approval for an event.**

**SAMPLE EVENT/EXPENDITURE BUDGET** (How much do you think your event/expenditure will cost?)

EXPENSES		SOURCES OF REVENUE	
Item	Cost	Revenue Source	Amount
Staffing	\$	Ticket Sales	\$
Food	\$	Donations	\$
Performers/DJ	\$	Club Generated Funds	\$
Security	\$	Other (Specify)	\$
Decorations	\$		
Other (Specify)	\$		
<b>Total Out</b>	<b>\$</b>	<b>Total In</b>	<b>\$</b>

**AMOUNT REQUESTED FOR THIS EVENT/EXPENDITURE:**

\$ \_\_\_\_\_

\_\_\_\_\_  
 President (Print)

\_\_\_\_\_  
 Signature

Date

\_\_\_\_\_  
 VP or Secretary/Treasurer (Print)

\_\_\_\_\_  
 Signature

Date

**APPROVAL OF EVENT/EXPENDITURE:**

**OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**EXPENDITURE AMOUNT APPROVED BY SSF COORDINATOR AND SSF MANAGER:**

\$ \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Coordinator, SSF

\_\_\_\_\_  
 Manager, SSF INC