



Campus Activities Board

EVENT PROPOSAL FORM

This form is required to be completed six weeks prior to your proposed event and will be voted on by the CAB Leadership Team. The CAB Leadership Team meets on Wednesdays at 3:00 p.m. so please have your forms completed prior to the meeting for which you need an approval.

EVENT INFORMATION

Event Title:		Event Coordinator:	
Event Date:		Cell:	
Event Location:		Email:	
Rain Site:	N/A		
*Mandatory for all outdoor events		Start Time:	
		End Time:	
Collaborative Partner(s):		Set-up Time:	
		Expected Attendance:	
Event Description:			
Will your event need auditions, info meetings, rehearsals? :			
If yes, please list dates, location, and times:			

BUDGET

Do you plan to ask for any donations? (**yes** or no)

Item	Vendor	Anticipated Cost
Contracted Items		\$
Food (must use Aramark for Catering)	Aramark will provide all the food	\$
Marketing		\$
Incentives		\$
Additional Supplies		\$
Total Estimate		\$
Total Per Person	Take the total budget and divide by your expected attendance	\$

CONTRACT INFORMATION

Are you contracting a service from a non-university entity: (yes or no)

If you are contracting with more than one non-university entity, please copy the box below and complete for each contractual obligation.

DO NOT request ANY contracts unless you have consulted with your advisor! Request information ONLY.

Agency/Business:	
Agent Name or Business Contact:	
Phone Number:	
E-mail:	
Is travel involved with your contract?	
Is travel included in the contract price?	
Will the contract require a hotel room?	
Who is responsible for booking and cost of hotel?	

MARKETING PLAN

*Please list at least **FIVE** ways in which you plan to market your event. **Be creative!** No Flyers will be allowed.*

Task	Due Date	Person in Charge	Date Complete

RISK MANAGEMENT

What risks are involved by students attending/participating in your event? Who should you contact as a resource for that risk?

Possible Risks	Method for eliminating/reducing risk

LEARNING OUTCOMES AND ASSESSMENT

Identify how your event is in line with the Campus Activities Board Mission Statement:
(having fun and entertaining is not an option)

Please identify 1-2 learning outcomes for event participants and list how you plan to measure the success of your event based upon these outcomes. Number of people in attendance is not an option.

Learning Outcome	Assessment

PROPOSAL REVIEW

To be completed by CAB Directors and Advisor ONLY

	Approved (no changes necessary)
	Approved with changes (few changes needed before implementation-see comments)
	Denied (not permitted to proceed)

Comments:

Director Signature: _____ Date: _____

Advisor Signature: _____ Date: _____