

# Event Proposal Form

FOR ESCFAN INC.

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

Sponsor of Event: \_\_\_\_\_

Proposed Location(s) of Event (City/State): \_\_\_\_\_

Proposed Venue(s) of Event: \_\_\_\_\_

Proposed Date(s) of Event: \_\_\_\_\_

Proposed Time(s) (circle applicable):

Morning      Afternoon      Evening      Other? \_\_\_\_\_

Proposed Running Time (circle applicable):

Full Day      Half Day      3-4 hours      Less than 3 hours

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

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Synopsis/Running Order of Event: \_\_\_\_\_

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Target Audience/# of People in Attendance: \_\_\_\_\_

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Facility/Technical Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Promotional Expectations (advertisements, flyers, newsletters, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staffing/Personnel Requirements (before and/or at event): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Resources Required Prior (e.g. creation of website, videos editing, printing etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Total Budget:                      \$\_\_\_\_\_ .00

**PLEASE ATTACH ANY ADDITIONAL INFORMATION PAGES IF NECESSARY**

**BELOW SECTION: EVENTS SUB-COMMITTEE ONLY**

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Event Approved?	Yes	No
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Reason for Denial (if any): \_\_\_\_\_  
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\_\_\_\_\_  
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**If event is denied, please read reasons for denial and change proposal accordingly.**