

Residence Life Program Planning Form

This program planning form must be submitted at least **7-10 days before** the proposed date of the event. ***Submitting this form does not guarantee approval.*** The GHD or AC will review the proposal and discuss it with the assigned Project Manager. ***This form MUST be completed in BLUE or BLACK ink. A copy of this form will be required for monthly reporting purposes to Accounts Payable. (Please see AC)***

Project Manager: <i>(please print full name)</i>	Building Staff <i>(circle one):</i>	
Program Team <i>(list all names):</i>	COL NOR LUZ MON SCH ELWE	
1.	ELW W LYC MOA/KILE/TRI MPA JKA	
2.	Title of Program:	
3.	Date of Program <i>(Month/Date/Year):</i>	
4.	Start Time:	End Time:
5.	Location:	

Type of Program <i>(please check one)</i>	
<input type="checkbox"/>	Be Ethical
<input type="checkbox"/>	Be Engaged
<input type="checkbox"/>	Be Excellent
<input type="checkbox"/>	Be You (Social)

Community Service Projects:
All Community Service Projects MUST have a Fundraising/Service Project Form completed and approved prior to the event.

Benefitting Organization Name: _____

Website: _____

Mailing Address for Funds to be sent:

**If collecting coins, all coins must be rolled in coin wrappers*

Learning Outcome(s):

Budget Request: What potential costs are associated with the program? *(this is just an estimate)*

Food/Drink: \$ _____	Program Supplies: \$ _____		
Travel Costs: \$ _____	Husky Gold: \$ _____	Total: \$ _____	RO# _____
			<i>(AC will fill in if used)</i>

Program Advertising! What will you do? *(check all that apply)*

<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Fliers	<input type="checkbox"/> Banner	<input type="checkbox"/> The Voice
<input type="checkbox"/> Facebook	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Website	<input type="checkbox"/> Other

Projected Program Attendance: _____

GHD Approval: _____
Signature & Date

AC Approval: _____
Signature & Date

Vice President: _____
Signature & Date

Program Description:

Please describe briefly what the program/event will entail.

Shopping List:

Please provide a detailed shopping list of what you will need for this program.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____