



## LARGE-SCALE EVENT PROPOSAL

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When submitting more than one large scale event proposal for review, rank each proposal in order of relevance to your club/organization (1-10). The Office of Student Life will review large scale event submissions and allocate spaces according to their ranking number and space availability.

**Club/Organization(s) Proposing Event:**

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**Contact Person's Full Name:**

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**Baruch Email Address:**

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**Telephone Number:**

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**Event Name:**

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**Event Rank:**

**Desired Date(s) (include Day of the Week and Date):**

<b>1<sup>st</sup> Choice</b>	
<b>2<sup>nd</sup> Choice</b>	
<b>3<sup>rd</sup> Choice</b>	

**Proposed Venue(s) (include Building & Room Number):**

<b>1<sup>st</sup> Choice</b>	
<b>2<sup>nd</sup> Choice</b>	
<b>3<sup>rd</sup> Choice</b>	

**Proposed Event Time:**

	Event Setup Time	Event Start Time – End Time
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		

**Event Details:**

What is the learning outcome for this event?

**Please Provide an Event Description**

***First:** Introduce the event. What is this event about? Who is this event for? How does this event fit your organization's mission?*

***Second:** Discuss why this event is important to have and highlight past years of the event being done OR if it's a new event, why it is important to have it now on campus.*

***Third:** Answer how this event furthers your organization's mission and any ending points you would like to make.*

### Venue Logistics:

	Yes	No
Open to Non-Baruch Students	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Expected Baruch Attendees: \_\_\_\_\_

Expected Outside Guests: \_\_\_\_\_

Will you be selling tickets?	Yes	No
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Number of tickets: \_\_\_\_\_

Advance Sale Price: \_\_\_\_\_

Door Sale Price:

Will alcohol be served at this event?	Yes	No
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### **Additional Event Details:**

Is this a charitable event?	Yes	No
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Name of Charity: \_\_\_\_\_

Reason for choosing the charity: \_\_\_\_\_

Projected charity donation amount: \_\_\_\_\_

Are there other groups or departments co-sponsoring the event?	Yes	No
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Name(s) of co-sponsoring organization(s): \_\_\_\_\_

How will they be assisting you? \_\_\_\_\_

Where will the event funding come from? *(Check all that apply)*

Club Budget Amount:

**Club's Private Account**

**Amount:**

Co-Sponsorship with USG/GSA &/or other clubs      Amount:

USG/GSA Budget Appeals Amount Submitted for Review:

Estimated Final Approval:

**PLEASE ATTACH YOUR CLUB BUDGET AND EVENT BUDGET**