SGA Pre-Event Planning Guide

Organization Name:	Chapter Contact Person and Title:
Name of Event:	Location, Date, and Times:

This form should be completed in full, and RECEIVED by SGA along with your budget request. ***If the form is incomplete, missing attachments, or late, your request will be rejected.*** Submission of this form does not guarantee approval by SGA.

Category	Requested	Approved
Publicity:	$	
Food & Drink:	$	
Prizes/games:	$	
Supplies:	$	
Total:	$	

-SGA Treasurer-

-- General Information --

Event Description: (When, what, where, who, how, why, etc…)

Publicity: (Posters, Flyers, Table Tents, Newspaper, Email, Etc.)

Description	Locations	Cost
		$

Food, Drink, Snacks, Etc.

Description	Cost
	$
	$
	$

Total Expenses
$

Prizes (Games, Contests, Etc.)

Description	Cost
	$
	$
	$

Supplies (anything else Random!?!)

Description	Cost
	$
	$
	$

Advisor Sig. _____ Treasurer Sig. _____