

ASUN DEPARTMENT OF BLUE CREW EVENT & BUDGET PROPOSAL FORM

CONTACT INFORMATION

Programmer: _____ Phone: _____
 Intern: _____ Phone: _____

EVENT INFORMATION

Event Name: _____ Event Date: _____

Event Synopsis: _____

Event Location: _____ Hours of Event: _____

Expected Attendance: _____ Target Attendance: Students General Public Other _____

Learning Outcomes:

- 1.
- 2.
- 3.

BUDGET INFORMATION *Please itemize your ENTIRE event budget below:*

DESCRIPTION	AMOUNT	VENDOR
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
7.	\$	
8.	\$	
9.	\$	
10.	\$	
TOTAL EVENT BUDGET	\$	
TOTAL ASUN REQUEST	\$	