

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		\$