



EVENT PROPOSAL

Event Details				
Date: _____	GUESTS		ADMISSION	
Time: _____	MIN	MAX	MIN	MAX
Theme: _____				
Age Group:(if Applicable) _____				

Event Contact Information	
Contact Name: _____	_____
Membership Number _____	Phone _____
Email _____	

Activity Hours	
# Volunteers / Purpose / Hours required: _____	_____

Expense Type	Anticipated Cost
Food	
Entertainment	
DJ	
Decorations	
Tablecloths	
Papergoods: Napkins/plates/utensils	
Miscellaneous (Please list)	
TOTAL COST:	

The above total cost is the **MAXIMUM EXPENSE** to be incurred.
 Receipts must be collected for **ALL EXPENSES**.
 All actual expenses are to be indexed on an **EXPENSE REPORT**.
 All volunteer's activity hours must be documented on **WORK PARTY FORM**.
 All forms to be forwarded to the S.S.S.C. Activities Director with **ALL RECEIPTS**.