

2013 Event Proposal Form

Imagine Parents in Partnership



EVENT NAME:		PHONE: ()
ADDRESS:		CONTACT NAME:
PROJECT/ COMMITTEE:		
DATE SUBMITTED: / /	COST: \$	PERCENTAGE/AMOUNT EARNED: \$ %
REASON FOR EVENT:		
NUMBER OF PEOPLE EXPECTED TO ATTEND:		APPROVED AT MEETING (DATE: / /)

If costs are associated with your event please itemize them below (Example: Petting Zoo – Cally’s Critters \$350)
Please attach documentation for expenses to form

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Proposals are reviewed at monthly PIP Board Meetings. Upon completing your proposal you will be informed when your request will be reviewed by the board. Your proposal may be declined if it does not contain adequate information, interferes with another event, or other reasons as determined by the board.