



Events Proposal Form

Fill out the form where applicable to your event;
Please, attachment **Justification Letter, Memo** before submitting.

Department: _____ **Date Submitted:** _____
Name: _____ **E-mail:** _____
Supervisor Name: _____ **E-mail:** _____

Event Name:

- Date:**
- Time:**
- Location:**
- Estimate Number of Attendees:**

Type of Event:

- Client**
- Client/Family**
- Staff**
- Public Outreach**

Transporation provided:

- Yes**
- No**

*Please, attach a filled/approved copy of
the "Vehical Request Form" from
Transporation Dept.*

Food:

- Prepared by Rainbow Treatment Center Kitchen Department**

"Please Attached a filled/Approved Copy of Special Meal Request form from Kitchen Department.

- Catered**

From:

Circle: **Breakfast** **AM Snacks** **Lunch** **PM Snacks** **Dinner**

Agenda:

- Guest Speaker:**

- Provide Name: (if available)**

- Entertainment:**

- Provide Name/Group: (if available)**

- Photos:**

- Registration Form:**

Materials:

- Tables**

- Quantity:**

- Chairs:**

- Quantity:**

- Tent/Canopy**

- Quantity**

- Other:**

- List:**



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Advertisement:

Flyer

"Please, provide a information you would like on the flyer. "

Local News Paper Ad

Raido PSA

The following information are topics that will need to be discussed with your department
for the follow up meeting with the Events Department:

- Invitation
- Program Agenda
- Decorations
- Photography
- Incentives
- Registration Opening and Closing Dates

Requester's Signature & Date:

Supervisor's Signature & Date:

Approved

Rejected

Director's Signature & Date:

Approved

Rejected

Check off List Before turning into the Events Department:

Justification Letter

Supervisor Signature Approval

Sprcial Meal Request Form

Transporation Form

*****Events Department Use Only*****

Date:

Information:

Signature:

Date Received & Initial: _____

Submitted to Accounts Payable: _____

Incentives Approved by: _____

