



**Sussex County Community College Club Event Plan**

**Club Name:** \_\_\_\_\_

**Club Advisor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Club President:** \_\_\_\_\_

**Student Email:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

**Event Time:** \_\_\_\_\_

**Requested Location on Campus:** \_\_\_\_\_

**Facilities Requested (i.e. chairs, tables, etc.):** \_\_\_\_\_

**Brief Description of Event:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Proposed Budget:** \_\_\_\_\_

**Promotional Materials must be provided at the time of application.**

**Advisor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Club President Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*For Campus Life Use*

**Event Approved: Yes or No**

**Promotional Materials Provided: Yes or No**

**ADSE Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_