

ACTIVITY PROPOSAL FORM

Activity: _____

Activity Organizer (AO): _____ AO Phone: _____

Date of Activity: _____ Time: _____

Location Venue: _____

Phone: _____ Contact: _____

City: _____

Minimum # of participants: _____ Maximum # of participants _____

Reservations required? Yes No

Physical restrictions or limitations: Yes No

If yes, what are they? _____

Costs:

Per person \$ _____ Per group \$ _____

Resources needed: _____

Other comments: _____

SNL Leadership Approval: _____ Date: _____

eblast calendar check list table sign-up sheet
 post-activity copy Mary Ron Jim