



CLUB EVENT PROPOSAL

Club Name: _____

Event Name: _____

Event Date: _____

Event Time: _____

Expected Attendance: _____

Event Location*: _____

* Please provide confirmation of approved College space if booking outside of CCSAI spaces

Event Description: _____

Benefit to Student Life: _____

For day reservations roomreservations@centennialcollege.ca
 For evening reservations PTLScheduling@centennialcollege.ca
 For AV support email helpdesk@centennialcollege.ca

SET UP REQUIREMENTS

Item	#
Tables	
Chairs	
TV	
Projector	
Microphone *	
Podium *	
Other:	
Other:	

* available for specific places ie. Main Events Hall, Fireside Gallery etc

At least ten (10) business days notice

For Fireside Gallery or L-Block Library fill out form and email to libraries@centennialcollege.ca
 For spaces like the Bridge, Commons etc fill out form and email to Campus specific contact:
 PR - Suelian White swhite@centennialcollege.ca
 MS - Violet Kiriakos vkiriakos@centennialcollege.ca
 ASH - Jackie Hazlewood JHazlewood@centennialcollege.ca
 SAC - Lohan Santhirasekaran LSan@centennialcollege.ca

Please copy Clubs Liaison and Event & Club Coordinator in email request

Submitted by:	_____	Date: ____/____/____
<input type="checkbox"/> Approved	_____	
<input type="checkbox"/> Denied by:	_____	
	Name	

	Position	
	_____	Date: ____/____/____