

CLUB EVENT PROPOSAL

Club Name

Club Event

Event Date(s) Back-Up Event Date

Event Time

Event Description

On-Site Lead
Event Category

- ☐ Academic
- ☐ Health & Wellness
- ☐ Professional
- ☐ Social

Event Type

- ☐ Movie/Film Screening
- ☐ Seminar/Lecture/Workshop
- ☐ Social Activity
- ☐ Info Table/Booth

☐ Other:

What type of table/booth do you plan on having?

- ☐ Basic Engagement (no raffle, food or materials)
- ☐ High Engagement (may include raffles or giveaways)

Please describe

What impact will this event have on students experience?

Expected attendance?

Who do you expect to attend?

- ☐ Students
- ☐ Faculty
- ☐ Guests (Outside Centennial student population)
- ☐ All ages
- ☐ 19+ Event

Will attendees pre-register for the event?

- ☐ Yes
- ☐ No

Are there any special guests attending the event?

DELIVERY DETAILS:

Has a similar event been hosted?

- ☐ Yes
- ☐ No

How will this event be delivered?

- ☐ Virtual
- ☐ Hybrid
- ☐ In-Person

Event Location

- ☐ Ashtonbee Campus
- ☐ Downsview Campus
- ☐ Morningside Campus
- ☐ Progress Campus

Indicate the space you'd like to book

SET UP REQUIREMENTS:

Equipment and Set-Up Requirement

- ☐ On-site Streaming Set Up
- ☐ Tables
- ☐ Chairs
- ☐ TV
- ☐ Projector
- ☐ Flipchart

- ☐ Microphone
- ☐ Podium

☐ Other:

Will you be bringing a laptop?

☐ Yes
☐ No

Number of Microphones needed?

Please indicate any other equipment needed for the event

Will you be rearranging the current set up of the space for your event?

☐ Yes
☐ No

Set-up Timeframe

Tear-down

EVENT AGENDA / EVENT FLOW / EVENT MECHANICS

Outline the flow of the event from beginning to end.

Will you require staff/volunteers for this event?

☐ Yes
☐ No

FOOD AND BEVERAGES

Will there be food/beverages served at your event?

Disclaimer: For temperature sensitive foods, you will need to take necessary measure to ensure food is kept at an appropriate temperature. Those serving food will be required to have gloves and proper serving utensils. As well, certified food handling staff will need to be onsite.

☐ Yes
☐ No

Will the food be pre-packaged by a manufacturer?

☐ Yes
☐ No

Please list the food/beverage items that will be served and where they will be purchased:

Food/Beverage Item	Servings (per person)	Source & contact	Set up time	Tear down time	Cost

SWAG AND PRIZES

Will you be distributing any swag?

☐ Yes
☐ No

PROMOTIONAL DETAILS

Will you be needing promotion for your event?

☐ Yes
☐ No

If yes, please indicate an event blurb you'd like to be used for promotions and marketing.

If no, just leave blank.

Price of Event

Additional Requirements

Material required by (mm/dd/yyyy)

ACCESSIBILITY AND INCLUSION

How will you ensure that students feel welcomed at your event?

Does the proposed event date conflict with any nation, cultural, or religious day of observation?

☐ Yes

☐ No

Have you ensured that the proposed venue/location is accessible?

☐ Yes

☐ No

Will accommodations be available to those with accessibility needs?

☐ Yes

☐ No

How will you minimize potential harm that can arise?

SAFETY AND SECURITY

What level of physical activity will be involved in your event?

☐ None

☐ Low

☐ Moderate

☐ High/Intense

Do you think security will be needed for the event?

☐ Yes

☐ No

CONTACT INFORMATION

Name

Email

Phone

Today's Date

ACKNOWLEDGEMENT

☐ I acknowledge that the information above is correct and complete