

# Sigsbee Charter School Event Proposal

Name of group or organization: \_\_\_\_\_

Committee Chair/Contact Info: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Proposed Event: \_\_\_\_\_

Date/Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

This event is open to the following (*please check*):

Students  Staff  Community

Will you need funds from PTO for this event?  Yes  No

If yes, how much money are you requesting? \$\_\_\_\_\_

***All receipts for reimbursement MUST be turned into PTO within 30 days of event to assure reimbursement.***

What will you use the PTO funds for (*example: order supplies, reserve a venue*)?

\_\_\_\_\_

\_\_\_\_\_

***Please submit to PTO Executive Board for approval***

Submitted on : \_\_\_/\_\_\_/\_\_\_

Approve

Disapprove

\_\_\_\_\_  
Elisa Jannes, SCS Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
PTO Executive Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
PTO Executive Board

\_\_\_\_\_  
Date

Additional Notes/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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