



BU Central Event Proposal

Received By \_\_\_\_\_

Event Information					
Title of Event		Sponsoring Organization		SAO Acct#	
Person Making Arrangements Name					
Phone		E-mail			
Type of Event (Please Check one)					
<input type="checkbox"/> Concert		<input type="checkbox"/> Reception		<input type="checkbox"/> Meal/Banquet	
<input type="checkbox"/> Film		<input type="checkbox"/> Lecture		<input type="checkbox"/> Party/Dance	
<input type="checkbox"/> Play:		<input type="checkbox"/> Other:			
Date Requested: 1 <sup>st</sup> Choice		2 <sup>nd</sup> Choice			
Event Start Time		Event End Time		Expected Attendance	
Will you be charging admission?		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, Price:		Where will tickets be sold?	
Description of Event (Include all performers/lectures and reason for event taking place in BU Central)					
<b>Events in BU Central taking place on Thursday, Friday, and Saturday MUST be open to all BU Students</b>					
Treasurer/President Signature				Date	
BU CENTRAL Approval					
<input type="checkbox"/> Approved					
<input type="checkbox"/> Rejected					
Comments:					
Coordinator of Programs Signature		Date		Letter Sent	
				Planning Appointment Scheduled for	