



## Family Association Event Proposal Form

Date submitted for Preliminary Approval to Family Association Lead (s) \_\_\_\_\_  
(Family Association leads will review and approve within 5 days of receiving confirming no conflicts with other events scheduled including school/church events. Please note all games of chance need to be approved by the board. It is strongly encouraged for all events involving contracts, games of chance and ecommerce to be submitted at least 8 weeks prior to the event.)

### Event outline:

Name of Event: \_\_\_\_\_

Name of Organizer(s)/Chairperson(s) \_\_\_\_\_

Contact Info of Organizer(s)/ Chairperson(s): email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Proposed Date for Event: \_\_\_\_\_

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

Brief Description of Event:

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**Preliminary Approval provided by Family Association Lead(s):** Yes \_\_\_\_ No \_\_\_\_

If No reason for denying proposal: \_\_\_\_\_  
\_\_\_\_\_

If Yes please provide the following information:

**Upon receiving preliminary approval, please provide the following for review by Family Association:**

Estimated Expenses: \_\_\_\_\_

Estimated Profit of Event: \_\_\_\_\_

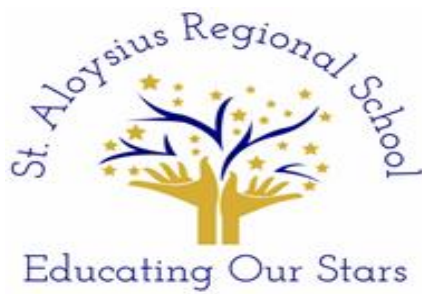
Number of Volunteers Need: \_\_\_\_\_

Date Reviewed by Family Association: \_\_\_\_\_

**Accepted by Family Association as a supported proposed event:** Yes \_\_\_\_ No \_\_\_\_

Does event require a contract(s): Yes \_\_\_\_ No \_\_\_\_

If yes provide details for contract(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Does the event require sponsorship(s) from the businesses: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes confirm with the school office process for receiving and follow-up on sponsorship(s).

Does the event require receiving donation(s) from community and school families: Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes provide the name of the person(s) responsible for tracking donations and sending thank you's: \_\_\_\_\_

Does event require use of vendor(s): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes provide details including name of vendor(s) and cost estimates from vendors: \_\_\_\_\_

Will school financial instruments be used (i.e. Paypal, Greater Giving, start up cash)  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes provide details of which instruments: \_\_\_\_\_

Will event be advertised using outside communications: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes attach a draft of the flyer/press release/post and provide below details of how event will be communicated (press release to paper, website, or social media). Any outside communications must comply with the St. Aloysius Regional School Outside Communications Standards (Revised 3/25/2019) and be approved by the school office before being released:

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

Date Submitted to STARS Board for Final Approval: \_\_\_\_\_

Office Use Only:

Date Reviewed by STARS Board: \_\_\_\_\_

**Approved by STARS Board :** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

If No Reason:

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