

Associated Students of Las Positas College (ASLPC)

FUNDRAISING PROPOSAL

Inter-Club Council (ICC)

ACADEMIC YEAR:	<input type="checkbox"/> FALL <input type="checkbox"/> SPRING	DATE:
CLUB NAME:		
DESCRIPTION OF FUNDRAISING ACTIVITY:		
DATE & TIME OF ACTIVITY:		
WHO WILL BENEFIT FROM THIS ACTIVITY?		
WHAT ADVISOR IS ATTENDING?		
HOW DOES IT REPRESENT THE CLUB'S MISSION?		

AUTHORIZATION SIGNATURES

CLUB ADVISOR:		DATE:	
DIRECTOR OF STUDENT LIFE:		DATE:	



Today's Date: _____

INTERNAL FACILITY REQUEST

Department Name: _____ Contact Name: _____

Contact E-Mail: _____ Telephone: _____

Event Title & Description: _____

REQUIRED INFORMATION

→ **Complete All Areas Fully** ←

Attendees _____ # Spectators _____

Type of Event: Public Private

Class or Club Event: Yes No

Food at Event: Yes No

Fresh & Natural Cater: Yes No

Admission Fee: _____

Registration Fee: _____

Proceeds Used for: _____

PLEASE INCLUDE ANY REHEARSAL TIMES ON THE SCHEDULE				
DAY OF WEEK	MONTH/DATE/YEAR	ENTRY TIME	EVENT TIME	EXIT TIME

CHECK IF A LAYOUT DIAGRAM IS ATTACHED

PERFORMANCE *(Requires Approval*)*

___ Main Theater (4119)*

___ Black Box (4128)*

___ Amphitheater*

___ Dressing Rooms (4122/23)

___ 4000 Lobby

___ Box Office

___ Concession Stand

___ Green Room (4129)

LECTURE/CLASS/MEETING

___ 2420

___ 801

___ 1726 Conference Room

Cafeteria: ___ 1620A (Student Dining)

 ___ 1620B (Faculty Dining)

Room: _____

Room: _____

Room: _____

ATHLETICS

___ Gymnasium

___ Volleyball Nets: # _____

___ Basketball Hoops: # _____

___ Bleachers: 1 side 2 sides

___ Clock: Portable Main

___ Cover Floor w/mats

___ Concession Stand

___ Synthetic Field ___ Field Lights**

___ Locker Rooms

___ Pool 1(Instr) ___ Pool 2 (Comp)

___ Pool Lights ___ Hot Tub

___ Pool House Restrooms

___ Track ___ Track Field Lights**

___ Field House Restrooms

Athletic Details: _____

*Time Lights On: _____

EVENT REQUIREMENTS

Lights: House Special

Drape: Open Close Movable

Microphone:

Number: Type:

_____ Lapel

_____ Handheld/Wireless

_____ Place on Podium

Laptop: to be used for _____

Screen Projector Sound System

Piano:

Concert Steinway (Main Theater Only)

Baldwin Grand (Black Box)

Steinway Grand

Orchestra Shell

Podium (floor) **Lectern** (table top)

_____ **Tables** Location: _____

_____ **Chairs** Location: _____

_____ **Trash Cans** Location: _____

_____ **Canopies** Location: _____

Other Requirements: _____

MANDATORY DEPARTMENT LABOR DISTRIBUTION CODE: USED FOR OVERTIME FOR CUSTODIAL, I.T. OR THEATER SUPPORT

_____	_____	_____	_____	Overtime Provided
FUND	ORG	ACCT	PROGRAM	

Requester Signature _____ Date _____ Club Advisor (Print Name) & Signature _____ Date _____

*Theater/IT Support Approval Signature _____ Date _____ Dean/Club Advisor/Student Life Advisor _____ Date _____

(Requester must obtain approval from Christine Hornbaker, Performing Arts Theater Support Prior to Submitting Request to Sheri Moore)

INTERNAL USE ONLY:	Date Received: _____	Date Confirmed: _____	Banner #: _____
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