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

**Description of Event:**

**How does this event benefit OC or OC Students?**

**Is your organization collaborating with other student organizations, OC departments, or other entities to host this event: If yes, explain below. No\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Date: Start Time: End Time:**

**Event Location: Expected number of attendance: \_\_\_\_\_\_\_\_\_\_\_**

**Who is invited to this event? OC Students\_\_\_ Community \_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_**

**Admission/Donations:\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated total Cost of hosting event: \_\_\_\_\_\_\_**

**Does you event involve physical activity? Yes, explain No**

**Organization Contact Person:**

**Email: Phone:**

**Advisor(s) Signature:**