

**CITY COLLEGE OF SAN FRANCISCO CONCERT & LECTURE SERIES
EVENT PROPOSAL**

Today's date:	EVENT DATE & TIME:
Submitted by:	Phone: Box:
Event Title:	Presenter:
Kind of program:	Address:
Amount requested: \$	Phone:
Shared cost? How much? FOAPAL:	SS#/TAX I.D.:
Who will host?	How many attendees guaranteed?
Who will send thank you?	If C/LS, please send attendance and feedback .

DESCRIBE THE EVENT
TECHNICAL REQUIREMENTS (if any)

Proposed location:	Reservation made?
(If Diego Rivera Theater, attach approved form)	Contact for reservation:
Other concurrent events (e.g., reception, book signing):	Contact for concurrent event:
Attachments (please list): _____ _____ _____	Mail to: Stephanie M. Lyons, Coordinator Concert and Lecture Series 50 Phelan Avenue, Box L 230 San Francisco, CA 94112 Queries: (415) 239-3580

All considerations for events are made only upon appropriate authorization.

For Concert and Lecture Series Advisory Committee Use Only.

Meeting Date:	Approved:	Not approved:
Notes:		