



Approval Form for Benefit Events

PROPOSED EVENT:	
DATE & TIME:	
PROCEEDS BENEFIT:	
PERSON/S IN CHARGE:	
EVENT SITE:	
EVENT SITE CONTACT: (EMAIL/PHONE NUMBER)	
ADVERTISING: (POSTERS/ONLINE ADS)	
ASSISTANCE: (SET UP CREW, EMCEES, DOOR PERSON)	
FUNDRAISING COMMITTEE APPROVAL: (SIGNATURES OF MONARCH/S)	
EVENT SITE CONTACT APPROVAL (SIGNATURE)	
EVENT COORDINATOR APPROVAL (SIGNATURE)	

Please complete back of form with a detailed description of event and any other specifics of special note.

OFFICE USE ONLY

Date Submitted: _____

Date Approved: _____

Budget Approved: \$ _____

BOARD MEMBERS ATTENDING (3 MINIMUM): _____

DESCRIPTION OF EVENT	
PROPOSED BUDGET (DETAIL)	
ESTIMATED REVENUE	
ADDITIONAL COMMENTS	

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