



HOME AND SCHOOL ASSOCIATION  
EVENT PROPOSAL FORM

DATE/TIMEFRAME FOR EVENT: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

PARENT MEMBER NAME: \_\_\_\_\_

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

Email: \_\_\_\_\_

*Please check one:*



Fundraiser



Social



Academic



After School  
Activities



Athletic

Brief Description of Event:

Proposed Chair/Committee Members:

Proposed Budget:

Revenue:

Expenses:

***For HSA Officers & Executive Board Use Only***

Date Submitted: \_\_\_\_\_

Received by: \_\_\_\_\_

To be discussed at Board Meeting Dated: \_\_\_\_\_