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| **Coordinator Name(s):** | **Date Submitted:** |

*\*\*\*Proposal to be completed* ***PRIOR*** *to starting the project in order to receive credit*

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| Title of Project |

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| Basic Description of Project |  |
| What is the purpose of the project? |  |
| When is the event? |  |
| Who is the target audience? | Comfort  Risk  Growth |
| Where does the project fall on the comfort scale? |  |
| Where is the project occurring? |  |
| Does the event require supervision? If so, who?  \*Supervisor signature required | Supervisor Signature: |

|  |  |  |  |  |  |
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| To Do List: | Check the ASB Calendar for conflicts | Request Facility use from Couty | Fundraiser Request Completed | Request Cash Box from Pfeifle | Guest Speaker Forms from Henry |
| Completed |  |  |  |  |  |

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| Items to be Purchased  ***\*Include picture of items if online purchase***  *\*\*If extra space needed attach extra sheets* |  |
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| What is **overall** cost? |  |
| Which budget is it coming from? |  |

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| **Time Frame** | **Plan** | **Date to be Completed By** | **Department** | **Who?** |
| Prior to the Event |  |  |  |  |
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| Day of Event |  |  |  |  |
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| After the Event |  |  |  |  |
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*\*If extra space is necessary, please attach additional pages*

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| Approval dates: | Mrs. Henry | ASB Class |