

# Weekend Programming Funding Request

**Name of Organization** \_\_\_\_\_ **Request Date** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Contact Information**  
**(phone and e-mail)** \_\_\_\_\_

**Event Title** \_\_\_\_\_

**Date of Event** \_\_\_\_\_ **Time of Event** \_\_\_\_\_

*Request must be submitted at least one week prior to event.*

**Friday**       **Saturday**       **Sunday**

**Amount of Funds Requested** \_\_\_\_\_

**Total Cost of Program** \_\_\_\_\_

**Other Sources of Funding** \_\_\_\_\_

**Purpose of Funds Requested** \_\_\_\_\_

**Will event be open to the entire Muskingum College Community?**

**YES**       **NO**

*Weekend Programming Funds are to be used at events open to the entire campus community.*

**Will event be alcohol free?**

**YES**       **NO**

**Have you completed the on-line Event Planning Form?**

**YES**       **NO**

**How will event be publicized?**

**For Office Use:**

**Date Request Received** \_\_\_\_\_

**Date Request Approved** \_\_\_\_\_ **Amount** \_\_\_\_\_

**Method of Payment:**     **Budget Transfer**     **Check Request**     **Other**