



Event Proposal Request

*For event outside of Pine Forge
Location Contract must be submitted with form
Approved budget must be submitted with request*

Please type or print clearly in ink.

PERSONAL INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Telephone _____

EVENT INFORMATION

Organization

- | | | |
|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> AY | <input type="checkbox"/> Master Guide | <input type="checkbox"/> Pathfinder |
| <input type="checkbox"/> Adventurer | <input type="checkbox"/> Children Ministries | <input type="checkbox"/> Bible Bowl |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Other _____ | |

Area Federations

- | | | |
|-------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> NNJ | <input type="checkbox"/> Bay | <input type="checkbox"/> Del/Val |
| <input type="checkbox"/> Balt | <input type="checkbox"/> Metro | <input type="checkbox"/> Virginia |

Date(s) of Event _____ Type of Event _____

Location of Event _____

Total number of persons attending _____

Supplies Needed from AECYCM

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Prepared by _____

Date _____