

Event Proposal Form

The chairman submits this proposal to the president before the June board meeting to facilitate creation of the annual budget. The proposal must be approved by the board in original or modified form to be included in the CNYAMT Event Trifold and Year-at-a Glance Calendar.

Name of Event: _____

Date of Event: _____ **Time Frame:** _____

Location: _____

Chairman: _____ **E-mail:** _____ **Phone:** _____

Committee Members: _____

Names of Clinician(s)/Judge(s): _____

(Please attach credential and bios for proposed personnel.)

Anticipated Number of Participants: Teachers: _____ Students: _____

EXPENSE CATEGORY	Amount	INCOME SOURCE	Amount
Clinician/Judge fees		Registration Fees	
Venue Rental fee		Underwriters	
Piano Tuning		Donations	
Awards		General Fund	
Certificates			
Lunch/Refreshments			
Postage			
Printing			
Total Expenses		Total Income Expected	

APPROVED _____ DISAPPROVED _____ DATE: _____