

FUSION EVENT PROPOSAL SHEET

Contact Name:	Email:	Phone:
Name:	Email:	Phone:
Name:	Email:	Phone:
Name:	Email:	Phone:

Name of Event:

Purpose of Event:

Event Date:

Event Time:

Event Location:

Co-Sponsors

1)	4)
2)	5)
3)	6)

FUNDING

Estimated Costs :	Amount
TOTAL	

Sources of Funding:	Amount
TOTAL	

Amount Requested From Fusion:

Amount Requested From GLBTSS:

Approved _____ Denied _____ Amount Alloted _____

Treasurer: _____

Cochair: _____