Late Night at Scranton Co-Programming Application

Date: ______________________________

1. Contact Information

Organization Name: __________________________________________________

Primary Contact:

Name: ____________________
E-Mail:____________________
Phone:___________________

Secondary Contact:

Name: _______________________
E-Mail:_______________________
Phone:_______________________

2. Event Information

Event Date: __________________________________________

Event Title:_____________________________________________________________________

Event Start Time:_____________________ Event End Time:______________________________

Event Location: _________________________________________________________________

Intended Audience: ______________________________________________________________

Estimated Number of Attendees: ___________________________________________________

Please provide a brief summary of your proposed event:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________
Does your event involve any outside vendors or performers? ____________________________
(If yes, please see contract information sheet)

All Late Night at Scranton co-sponsored events must be open to the entire U of S community. How will this event be beneficial to the U of S community?

________________________________________________________________________________
________________________________________________________________________________

Have you already taken any steps in preparing for this event? If so, what have you done thus far and what do you plan to do to execute a successful event?

________________________________________________________________________________
________________________________________________________________________________

________________________________________________________________________________

Please describe your promotional and publicity plans (sample posters, fliers preferred)

________________________________________________________________________________
________________________________________________________________________________

3. Funding Information

You must attach a typed proposed budget indicating a breakdown of

• Your overall event budget and expenses
• The amount of funding you are requesting from the Late Night at Scranton committee
• What the Late Night at Scranton funding will be used for
• Other funding resources you have requested (pending or received)