Community and Residence Life
Program Proposal

PLEASE WRITE LEGIBLY AND COMPLETE ALL INFORMATION

Name: ___________________________ Phone #: ___________________________
Sponsoring Organization: ___________________________
Advisor Signature: ___________________________ Advisor: ___________________________
Date Submitted: ___________________________ (This form must be submitted two weeks in advance)
Title of Program: ___________________________
Day & Date of Program: ___________________________
Start Time: ___________________________ End Time: ___________________________
Location of Program: ___________________________
Funds Needed: ___________________________ Date Needed: ___________________________

Please note that you must fill out a Request for Funds and submit to Jennifer Reed in the Community and Residence Life Office at least 7 days prior to your program in order to receive funds.

Purpose/Description of the Program: (Please include anticipated attendance and admission fee if any)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Resources Needed: (Your advisor will need to contact the appropriate office/s regarding all set up, audio and visual needs, location reservations, and resource needs. The Office of C&RL will not be making requests for groups.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Advertising Method/s: (Flyers/Posters must be approved and stamped by the Office of C&RL)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FOR COMMUNITY AND RESIDENCE LIFE OFFICE USE ONLY

Comments:________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Approval: _____ Approved _____ Denied _____ Missing Information

Signature: ___________________________ Date: ___________________________

Director of Community and Residence Life
Resource Information

(Organization advisors need to contact the appropriate office/s when planning an event. Community and Residence Life will NOT be making requests for groups)

To Reserve a Room:
Special Events
Mary Jane Higgins
   Assistant Director, HigginsM@pmc.edu, x7639
Amy Deveau
   Associate Director, DeveauAmy@pmc.edu, x7640
Community and Residence Life
   (Residence Halls, Village Commons, CC Atrium, Meditation Room, SL Conference Room)
   Jennifer Reed
       Director of C&RL, CommunityLife@pmc.edu, x7136
Athletic Fields and the Gymnasium
   Erin Brennen
       Director of Athletics, Brennene@pmc.edu, x7058

Set-up Requests:
Special Events
Mary Jane Higgins
   Assistant Director, HigginsM@pmc.edu, x7639
Amy Deveau
   Associate Director, DeveauAmy@pmc.edu, x7640
Audio/Visual
   Rich McGirr
       Manager Media Services, Mcgirri@omc.edu, x7096

Food and Beverage:
Aramark
   Sandy Iannotti
       Catering Manager, pinemanording@aramark.com, x7698

Safety and Shuttle Service Needs:
   Dana Smith
       Director of Campus Safety, Smithdana@pmc.edu, x7031