* Requests must be submitted to the RHA President via e-mail or to the RHA Mailbox in 199 Tobey-Kendel Hall the Friday *preceding* the RHA Meeting you wish to present your proposal during; the RHA President will contact you to confirm that your proposal was received.
* Please be prepared to answer questions about your proposal or event from the General Council during the meeting you present your request.
* All funds are on a first-come first-serve basis; the RHA General Council has the right to raise or lower the amount being granted for your event.

Name of Hall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Primary Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Event:

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_ Event Target Audience: [ ]Floor [ ]Hall [ ]Side of Campus [ ] All Halls/Campus

Type of Event: [ ] Social [ ]Educational [ ]Community Service [ ]Diversity [ ]Fundraising [ ]Other \_\_\_\_\_\_\_\_\_\_

Amount Being Requested­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ Total Anticipated Event Cost: \_\_\_\_\_\_\_Expected Attendance: \_\_\_\_\_\_\_\_\_

Will there be an admission charge? \_\_\_\_\_\_\_\_\_\_ Will non-residents be allowed to attend: \_\_\_\_\_\_\_\_\_

**Please describe your event:**

**How will the remainder of your event be funded?**

**Program Budget Breakdown**

Total

**FOR RHA USE**

Date Received:

Proposal Number:

PASS/FAIL

Amount Allocated:

Date Passed: