

# MHMS PTO Event Proposal

Please fill out this proposal form with as much information as possible. Proposal ideas should be submitted to the Board **30 days** prior to the event to be considered for approval. Attach estimates if any. Allow for **2 weeks** for Board response. Board review does not guarantee acceptance of proposal.

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Point of Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
(Times should include set-up and clean-up)

Details of Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Budget: \$ \_\_\_\_\_ (Note: PTO is not responsible for any amount over budget)

Materials/Supplies should be included in budget.

Details of Expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Whole School      ☐ Grade(s): \_\_\_\_\_      ☐ Particular Teacher(s): \_\_\_\_\_

Location:      ☐ Teacher's Classroom      ☐ Auditorium      ☐ Yard (Playground)      ☐ P1      ☐ P2  
(P1: Grades: Pre-K-2; P2: Grades 3-8)

Folding Tables needed: ☐ Yes If yes, how Many? \_\_\_\_\_ ☐ No

Chairs: ☐ Yes If yes, how many? \_\_\_\_\_ ☐ No

NOTE: All receipts must be submitted within 2 weeks of the event to the PTO Board Treasurer

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**Administrative Use Only:**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Board Review: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Approved      ☐ Not Approved

Signature: \_\_\_\_\_ Board Position: \_\_\_\_\_

If not approved, reason: \_\_\_\_\_

\_\_\_\_\_