

Tucson Center for Spiritual Living

Event Application Form

Date Submitted to Board: _____

Date Reviewed by Board: _____

Event Name: _____

Submitted by: _____ Phone: _____

Sponsoring group/core: _____

Proposed date of event: _____ Timeframe: _____

Proposed location: _____

Purpose of event: _____

Estimated Income: \$ _____ Total Cost: \$ _____ (Event Budget attached)

Net Income designated for: _____

Resources needed from TCSL: _____

Comments: _____

Approved by: _____ Date: _____