**LONG RANGE PLANNING CALENDAR**

###### PRELIMINARY APPLICATION

**YEAR \_\_\_\_**

**EVENT REQUEST**

**Conference Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sponsoring Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Director**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Person** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Projected Overnight Attendance** \_\_\_\_\_ \_\_\_\_\_ **Nights** \_\_\_\_\_ **Meals**

**Projected Commuter Attendance \_\_\_\_\_**

**Total Projected Attendance \_\_\_\_\_**

**Will event have a program fee for Shocco to collect? Yes** [ ]  **No** [ ]  \_\_\_\_\_\_\_\_ **Program Fee Amount**

**Will event provide childcare? Birth – 2 Years** [ ]  **Birth – 1st Grade** [ ]  **Birth–6th Grade** [ ]

**If Possible, Include Event in Brochure Yes** [ ]  **No** [ ]

**BASIC ARRANGEMENTS REQUEST**

**Check-in** **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Meal** \_\_\_\_\_\_\_\_\_\_\_\_

**Check-out** **Date**      \_\_\_\_\_\_  **Last Meal** \_\_\_\_\_\_\_\_\_\_\_\_

**Early Arrivals Yes** [ ]  **No** [ ]

**Preferred Faculty Housing** **1st Choice**       **2nd Choice**       **3rd Choice**

**Preferred Guest Housing** **1st Choice \_\_\_\_\_\_ 2nd Choice**       **3rd Choice**

**Preferred** **Number of Conference Rooms** \_\_\_\_\_ **Assembly Rooms**

**Preferred** **Conference Rooms**  \_\_\_\_\_\_\_ \_\_\_\_\_

**COMMENTS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Approved by Director** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Submitted**       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send copy to Shocco Springs (eshadix@shocco.org)**

**Send copy to Communications/Marketing Office**

**Keep copy for Office Files**

*Revised July 2018*