

**CBH Program Proposal Form (Proposed)**

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

Requesting Group or Person: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Date and Time of Event: \_\_\_\_\_

Do you need approval of this program in less than 30 days? Yes \_\_\_ No \_\_\_  
(If "Yes," please explain why on a separate sheet of paper.)

Reason for requesting approval for this program:

- \_\_\_ (a) the program would be presented on the CBH campus
- \_\_\_ (b) the program would advertised as being sponsored by or affiliated with CBH
- \_\_\_ (c) the program would publicized to CBH partners through CBH media

Facilities needed: \_\_\_\_\_

Estimated attendance: \_\_\_\_\_

Content of Program: (attach additional sheet, if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of any speaker(s): \_\_\_\_\_

**Have you verified that the program, speaker, and speaker's organization, is consistent with CBH Program Policy? Yes \_\_\_ No \_\_\_**

Amount of time that will be provided for questions & discussion: \_\_\_\_\_

**Are you planning to have security? Yes \_\_\_ No \_\_\_**  
(Must be cleared in advance with Executive Director)

Any other relevant information (attach additional sheet, if necessary) \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_  
(name, telephone no., and email address)