



Cape Breton University Students' Union

Society Cafeteria Event Planning Form

Name of Society: _____

Name of Event: _____

Event Description:

Event Date: _____

Exact Destination/Location: _____

Start Time: _____ Finish Time: _____

Primary Event Organizer: _____

Position in Organization: _____

Student ID: _____

Phone Number: _____

Email Address: _____

Alternate Contact: _____

Position in Organization: _____

Student ID: _____

Phone Number: _____

Email Address: _____

Approval:

Jordan Gracie

Campus Affairs

Taylor Burton

Vice President Finance and Operations