KEK 12-GeV PS Proposal

TITLE:	Title of the proposed experiment
FROM: Spokesperson Experimental group	Name, Institution, address and phone number of the spokesperson Names, Institutions and positions of group members
BEAM-TIME REQUEST:	How many shifts? (1 shift = 8 hours)
BUDGET REQUEST:	Annual plan of budget request
SUMMARY OF PLAN:	
Purpose:	Brief summary of the experimental purpose
Beam:	Type of beam, beam momentum, beam intensity etc.
Detectors:	Name of detector system if any, or a brief description
	SIGNATURE: (Signature of the spokesperson)

DATE: (Date/Month/Year)