

**Campus Event Form for Master Calendar/Facility Planning Use**

Grade level(s): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Event Title/Purpose: \_\_\_\_\_

Event Location: \_\_\_\_\_

Detail of Special Set Up Needed from Custodians: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Other Areas Impacted (i.e. Specials, Library, Cafeteria): \_\_\_\_\_

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