

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: _____

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

Contact person #: _____

Email: _____

Principal Signature: _____ Approved: _____ Disapproved: _____ Date: _____

RETURN TO THE BOOKKEEPER