

Today's Date: _____

Requester Name: _____

Requester Email: _____

Requester Phone #: _____

Schedule Activity/Meeting

Schedule Field Trip

Change an Activity/Field Trip

Old Date: _____

New Date: _____

PLEASE RETURN TO ESTHER/BRIAN AT LEAST TWO WEEKS PRIOR TO EVENT

COMPLETE DESCRIPTION OF EVENT/ACTIVITY:

Date: _____ # of Attendees: _____

Set-Up/Start Time: _____ End Time: _____

Facility Requested:

- | | |
|---|--|
| <input type="checkbox"/> Room 301 | <input type="checkbox"/> Football Field |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Big Gym |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Small Gym |
| <input type="checkbox"/> Library | <input type="checkbox"/> Softball Field |
| <input type="checkbox"/> Dance Studio | <input type="checkbox"/> Baseball Field @ Dana |
| <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Other _____ |

Services Required: (Services after/outside school hours have a cost!)
 [Furniture/Equipment/Materials Requested]

Custodial	Technology	Security / Supervision
<input type="checkbox"/> Staff- _____ hrs.	<input type="checkbox"/> Tech- _____ hrs.	<input type="checkbox"/> CSAs- _____ hrs.
<input type="checkbox"/> Chairs # _____	<input type="checkbox"/> Microphone	Other: _____
<input type="checkbox"/> Tables # _____	<input type="checkbox"/> Laptop	_____
<input type="checkbox"/> Podium	<input type="checkbox"/> Doc Camera	_____
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Screen	_____
<input type="checkbox"/> Lights/Lighting	<input type="checkbox"/> Projector	_____
<input type="checkbox"/> Gym Bleachers	<input type="checkbox"/> Sound Crew	_____

BUS RESERVATIONS:

(For field trips requiring buses, complete all information below)

Pick-Up Time (at school): _____

Pick-Up Time (for return to school): _____

Reason/Description for Trip: _____

Destination: _____

Address: _____

Number of Passengers: _____ + _____
Students Adults

Source of Funding: _____
(Budget number, ASB/Booster Account or....)

Chaperone Name(s): _____

Chaperone Cell #(s): _____

Name of responsible Staff/Faculty Sponsor and event supervisor *(if different than above)*: _____

T-Form # _____ Date Confirmed _____

(Office Use Only)

Notes/Remarks: _____

Received at Main/Financial Office: _____	PRINCIPAL H.Becker	AD A.Van Heuven	ASB A.Denney	CUSTODIAL G. Lang
Event Approved: _____				
Event Not Approved <i>(see remarks)</i> : _____	DANCE STUDIO	PAC/DRAMA A. Chagnon	TECHNOLOGY M. Amoroso	LIBRARY L.Cooper
Added to Master Calendar: _____				