



On-Campus Event Request Form

Organization Name: _____

Contact Person: _____ Phone: _____

Event Information

Event: _____

Event Description: _____

Date of Activity: _____

Set Up Time: _____
Event Start Time: _____

Event End Time: _____
End of Clean Up: _____

Person Responsible for Clean-up (if different from contact person): _____

Area(s) of Campus Requested:

- Gym
- Gym Stage
- Kitchen
- Music Classrooms
- Pavilion/Playground
- Front Field
- Classroom: _____
- Other: _____

Special Equipment Requested:

- Tables: # _____
- Chairs: # _____
- Projector
- Sound System
- Gym Equipment (please specify):

- Other: _____

For Office Use Only

- Copies to:
- | | |
|--|--|
| <input type="checkbox"/> Aftercare | <input type="checkbox"/> Technology (Comp) |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Library |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Business Manager |
| <input type="checkbox"/> Music Dept | <input type="checkbox"/> Office Manager |
| <input type="checkbox"/> PE Dept | |
| <input type="checkbox"/> Technology (IT) | |

Administrative Approval:

- Approved by: _____
- Denied by: _____
- Date: _____
- Notes: _____
- _____