

**EVENT INFORMATION**

EVENT DATE: \_\_\_\_\_ DAY: M T W TH F Sa Su

DURATION: BEGINS: \_\_\_\_\_ ENDS: \_\_\_\_\_

EVENT TITLE: \_\_\_\_\_


SPONSORING GROUP: \_\_\_\_\_

ESTIMATED NUMBER OF STUDENT PARTICIPANTS: \_\_\_\_\_

NAMES OF CHAPERONE(S): \_\_\_\_\_

ROOM/FACILITIES NEEDED: \_\_\_\_\_

NOTE: A SEPARATE APPLICATION FOR USE OF THE CAFETERIA IS ALSO REQUIRED WHEN FOOD/DRINK IS REQUESTED.

FUNDRAISER?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	 ALSO COMPLETE FUNDRAISING APPROVAL FORM
ADMINISTRATIVE COVERAGE REQUESTED?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	
POLICE COVERAGE NEEDED?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	
CAFETERIA WORKER NEEDED?	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	

**ADVISOR INFORMATION**

ADVISOR NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: ADMINISTRATIVE APPROVAL IS REQUIRED BEFORE ANY ACTIVITY/EVENT CAN BE ADDED TO THE MASTER CALENDAR.

**ADMINISTRATIVE RESPONSE**

APPROVED

DENIED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CC: ADVISOR    BAKER    DELLAPENTA    SUPERINTENDENT