

Special Event Request

Name of Person Initiating Request: _____ Date: _____

Staff Person in charge of Event: _____

Other Adults Present: _____

Name of Group/Club/Activity: _____ Number of Students: _____

Date of Event: _____ Start Time: _____ End Time: _____

Time of Set-up: _____

Facility Requested; Please Circle:

North Campus South Campus Gym AP Room Commons

Classroom # _____ Other: _____

Equipment Needed:

Sound System Needed: (Specific Instructions)

Lighting Needed: (Specific Instructions)

Refreshments being served if any: Brought in _____ Contracted with Chartwell _____

Diagram of Set-up:

Specific Equipment Returned to: _____ By When: _____

RETURN TO Liz Arsnow AT LEAST ONE WEEK PRIOR TO EVENT.