

### Master Calendar Event Request

Today's Date MAY 12, 2010 Requested by: RALPH BRYAN

Contact Phone Number: 238-9008 email: rrb2@cdc.gov

**What:** Name of Event: AIKIDO SEMINAR

Description of Event: Martial arts training

(ALBUQUERQUE SHIN-BUDO KAI - www.asbk.org)

**When:** Start: 9/17/10 Time: 4:00 AM/PM  PM

FRI: 4:00 - 8:30 PM

End: 9/19/10 Time: 4:00 AM/PM  PM

SAT: 9:00 AM - 5:00 PM

SUN: 10:00 A - 3:00 PM

Setup Time included AM/PM Depart Time \_\_\_\_\_ AM/PM (for trips)

Breakdown about AM/PM Return Time \_\_\_\_\_ AM/PM (for trips)

**Where:** Locations of Event: WEST GYM (need entire space

as before)

**Who:** SPS Groups Involved: N/A

Grade: 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_

Other Groups/Schools Involved: \_\_\_\_\_

Total Number of Participants: 40-50

**About:** Departments: \_\_\_\_\_

Activity Type: \_\_\_\_\_

(i.e. Social event, Baseball, Soccer, chess club)

Event Type: \_\_\_\_\_

(i.e. assembly, game, practice, meeting, dance)

Equipment Needed: \_\_\_\_\_

(i.e. table, chairs, electronic, technical, sound, etc.)

Sporting event - Home \_\_\_\_\_ Away \_\_\_\_\_ (at: \_\_\_\_\_)

Setup Instructions: \_\_\_\_\_

Documents to be Attached to file: WILL PROVIDE INSURANCE

RIDER AS PER USUAL

Events Coordinator \_\_\_\_\_

Director of Studies \_\_\_\_\_

IT Dept \_\_\_\_\_

Athletic Director \_\_\_\_\_

Maintenance \_\_\_\_\_

scanned \_\_\_\_\_

Business Office \_\_\_\_\_

Coordinator(s) \_\_\_\_\_

attach. \_\_\_\_\_