

Master Calendar Event Request

Today's Date 8/4/11 Requested by: JERE NEWCOMB

Contact Phone Number: _____ email: _____

What: Name of Event: Leadership Group Team
Description of Event: meeting

When: Start: ___/___/___ Time: 3:45 AM/PM

End: ___/___/___ Time: 4:45 AM/PM

Setup Time _____ AM/PM Depart Time _____ AM/PM (for trips)

Breakdown _____ AM/PM Return Time _____ AM/PM (for trips)

9/28 ✓ 2/22 ✓
10/26 ✓ 4/25 ✓
1/25 ✓ 5/23 ✓

Where: Locations of Event: Board Room

Who: SPS Groups Involved: _____

Grade: 6 ___ 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 ___

Other Groups/Schools Involved: _____

Total Number of Participants: _____

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: _____

Events Coordinator _____

Director of Studies _____

IT Dept _____

Athletic Director _____

Maintenance _____

scanned _____

Business Office _____

Coordinator(s) _____

attach. _____