Received 1/9/1000 form

SANDIA NPREP

Master Calendar Event Reguest Today's Date ______ Requested by: ______ Contact Phone Number: _____ email: Name of Event: Ofec (PO hic Bee What: Description of Event: (Lead When: Time: 11.55 AM/PM End: 1 110 112 Setup Time _____ AM/PM Depart Time _____ AM/PM (for trips) Breakdown ______ AM/PM Return Time _____ AM/PM (for trips) Where: Locations of Event: Commence SPS Groups Involved: MICI d Who: Other Groups/Schools Involved:_ Total Number of Participants: 20 Same Hing About: Departments: Activity Type:___ (i.e. Social event, Baseball, Soccer, chess club) Event Type: (i.e. assembly, game, practice, meeting, dance) none Equipment Needed: (i.e. table, chairs, electronic, technical, sound, etc.) Sporting event - Home_____ Away____ (at:____ Setup Instructions: Events Coordinator _____ Director of Studies IT Dept_ Athletic Director _____ Maintenance _____ scanned Business Office ____ Coordinator(s) attach.___