attach.



Master Calendar Event Request Today's Date //27/12 ____ Requested by: _ andyn . Contact Phone Number: 463-426 7 email: Cavolyn o Name of Event: MOD 17 -What: Description of Event: MOD Time: 5:3() AM/PM When: End: 2 // //2 Time: 6:30 AM/PM Setup Time 5 30 AM/PM Depart Time AM/PM (for trips) Breakdown 6:30AM(PM) Return Time _____ AM/PM (for trips) OMMONS Where: Locations of Event: SPS Groups Involved: Theatre (Hespicus) Who: Grade: 6____ 7___ 8___ 9___ 10___ 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: P/A (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)