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# SANDIA PREP

## Master Calendar Event Request

Today's Date 8/1/12 Requested by: Cindy Keaveny  
Contact Phone Number: 338-304 email: CKeaveny@sandiaprep.org

What: Name of Event: Wellness Fair  
Description of Event: Employee Wellness

When: Start: 10/9/2012 Time: 6:00 AM/PM 10/8/2012  
End: 10/9/2012 Time: 2:00 AM/PM set up  
Setup Time 3:00 AM/PM Depart Time \_\_\_\_\_ AM/PM (for trips)  
Breakdown 3:00 AM/PM Return Time \_\_\_\_\_ AM/PM (for trips)

Where: Locations of Event: Board Room

Who: SPS Groups Involved: HR  
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: 7 long tables - chairs  
Approx. 20  
3 Round tables

Documents to be Attached to file: \_\_\_\_\_

Events Coordinator \_\_\_\_\_ Director of Studies \_\_\_\_\_ IT Dept \_\_\_\_\_  
Athletic Director \_\_\_\_\_ Maintenance \_\_\_\_\_ scanned \_\_\_\_\_  
Business Office \_\_\_\_\_ Coordinator(s) \_\_\_\_\_ attach. \_\_\_\_\_