

Rec 1/29

# SANDIA PREP

## Master Calendar Event Request

Today's Date 1-29 Requested by: Sarah Wilson OLP

Contact Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

What: Name of Event: OLP Risk Management Meeting (Annual)  
Description of Event: "

When: Start: 2/20/13 Time: 2:30 AM/PM  
End: 2/20/13 Time: 3:30 AM/PM  
Setup Time 2:30 AM/PM Depart Time \_\_\_\_\_ AM/PM (for trips)  
Breakdown 3:30 AM/PM Return Time \_\_\_\_\_ AM/PM (for trips)

Where: Locations of Event: Board Rm

Who: SPS Groups Involved: OLP  
Grade: 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_

Other Groups/Schools Involved: \_\_\_\_\_  
Total Number of Participants: 10±

About: Departments: OLP  
Activity Type: Meeting  
*(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. \_\_\_\_\_