SANDIA NPREP

Master Calendar Event Request /3 Requested by: Today's Date Contact Phone Number: 30 33 What: Name of Event: Description of Event: When: Time: //:45 AM/PM Time: 12:40 AM/PM Setup Time Depart Time _____AM/PM (for trips) AM/PM Return Time AM/PM (for trips) Where: Locations of Event: Who: SPS Groups involved:_ Other Groups/Schools Involved: **Total Number of Participants:** Traduation About: Departments: Activity Type: (i.e. Social event, Baseball, Soccer, chess club) Event Type:_ (i.e. assembly, game, practice, meeting, dance) MI Equipment Needed: (i.e. table, chairs, electronic, technical, sound, etc.) Sporting event - Home Away Setup Instructions: Documents to be Attached to file: Events Coordinator ___ Director of Studies IT Dept _ Athletic Director ___ Maintenance scanned_ Business Office ____ Coordinator(s) attach.