



Master Calendar Event Request

Today's Date 9/30/13 Requested by: Paul Hunt

Contact Phone Number: 331-0641 email: _____

What: Name of Event: Connie Mack Baseball Games

Description of Event: Baseball Games

When: Start: 10/5/13 Time: 7:30 AM/PM

End: 10/6/13 Time: 6:00 AM/PM

Setup Time _____ AM/PM Depart Time _____ AM/PM (for trips)

Breakdown _____ AM/PM Return Time _____ AM/PM (for trips)

Where: Locations of Event: Baseball Field

Who: SPS Groups Involved: Baseball

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: None

Documents to be Attached to file: _____

Events Coordinator _____

Director of Studies _____

IT Dept _____

Athletic Director _____

Maintenance _____

scanned _____

Business Office _____

Coordinator(s) _____

attach. _____