

### Master Calendar Event Request

Today's Date 1-7-2014 Requested by: Ron Briley

Contact Phone Number: 266-5376 email: rbriley

What: Name of Event: Society For American Baseball Research  
Description of Event: meeting

When: Start: 1/25/2014 Time: 1:00 AM/PM  
End: 1/25/2014 Time: 3:00 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: Commons -- church set up will be fine -- no need to change

Who: SPS Groups Involved: None  
Grade: 6 \_\_\_ 7 \_\_\_ 8 \_\_\_ 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_  
Other Groups/Schools Involved: \_\_\_\_\_  
Total Number of Participants: 50

About: Departments: \_\_\_\_\_  
Activity Type: \_\_\_\_\_  
*(i.e. Social event, Baseball, Soccer, chess club)*  
Event Type: meeting  
*(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. _____