

Rec 1/23  
LM Carolyn

# SANDIA PREP

## Master Calendar Event Request

Today's Date 1-21-14 Requested by: Carolyn James

Contact Phone Number: 379-1339 email: boozhoo22@yahoo.com

What: Name of Event: Varsity Girls Basketball Team Dinners

Description of Event: 3- after practice team dinners

When: ① Start: 2/3/14 <sup>8th grade</sup> Time: 7<sup>00</sup> AM/PM to 8<sup>00</sup> pm

② End: 2/17/14 <sup>school closed</sup> Time: 7 AM/PM to 8<sup>00</sup> pm

③ 2/19/14  
7<sup>00</sup> pm to 8<sup>00</sup> pm  
OK

all 3 < Setup Time 6<sup>30</sup> AM/PM Depart Time \_\_\_\_\_ AM/PM (for trips)  
Breakdown 8<sup>00</sup> AM/PM Return Time \_\_\_\_\_ AM/PM (for trips)

Where: Locations of Event: Student Center

Who: SPS Groups Involved: Girls Varsity Basketball Team

Grade: 6 \_\_\_ 7 \_\_\_ 8  9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_

Other Groups/Schools Involved: none

Total Number of Participants: 15

About: Departments: Athletics

Activity Type: Social Event  
(i.e. Social event, Baseball, Soccer, chess club)

Event Type: Dinners  
(i.e. assembly, game, practice, meeting, dance)

Equipment Needed: cafeteria tables (4)  
(i.e. table, chairs, electronic, technical, sound, etc.)

Sporting event - Home  Away \_\_\_\_\_ (at: \_\_\_\_\_)

Setup Instructions: We need 4 of the cafeteria tables setup.

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

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