

SPECIAL EVENT FORM

Submitted by _____ Date _____

Type of event _____

Date(s) of the event _____ Beginning time _____ Ending time _____

Location _____

Number of chairs _____ Tables _____ Microphones _____ Other equip. _____

Description / diagram of set up requirements:

OFFICE USE ONLY:

Speaker Approval _____ Media Approval _____ Date Approval _____ Location Approval _____

Director of Facilities _____ Assistant Principal _____