

SPECIAL EVENT FORM

Submitted By: _____ Date: _____

Type of Event: _____

Date(s) of Event: _____ Beginning Time: _____ Ending Time: _____

Location: _____

of Chairs: _____ Tables: _____ Microphones: _____ Other Equipment: _____

Description/Diagram of Set-up Requirements:

OFFICE USE ONLY:

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

Director of Facilities: _____ Assistant Principal: _____