

Event Scheduling Form

Please use this form for field trips, assemblies, after school events, etc.

Today's Date _____ Event _____

Originator of Form: _____ Location of Event: _____

Phone number (if applicable) _____

Date of Event: _____ Day of the Week: M T W Th F Sa Su

*Start time of Event _____ End time of Event _____

**In case of inclement weather or no night custodian, the afternoon and evening events will be cancelled.*

Participants _____ Permission Slip? Yes No

Specialists Affected (circle): Library PE Music Computer Lab Foodservice

Equipment Needed (circle)? Yes No Items _____

Help need for setting up (circle)? Yes No Who? _____ Time Needed _____

Transportation (circle)? Bus Car Walking

Students Needing Meds? Yes No Name(s) _____

Please Route: (Initial and return to Becky Poblete)

Principal _____ Secretary _____ Custodians _____

Computer Lab _____ Food Service _____ Library _____ Music _____ PE _____