

**MASTER CALENDAR
SCHOOL SITE ACTIVITY REQUEST FORM
(UPDATED 01-21-20)**

Date Requested _____ by Organization or Group: _____

Activity: _____

DATE OF ACTIVITY _____

Beginning Time: _____ -Ending Time: _____

Place: HS _____

MS _____

INTERMEDIATE _____

EARLY CHILDHOOD _____

Person Responsible and attending : _____ (name)

Two phone numbers: 1. _____ 2. _____

Name of school employee/s that will be present during the Activity: _____

Requested by: _____

Two phone numbers: 1. _____, 2. _____

APPROVED BY:

Building Principal:

ATHLETIC DIRECTOR (IF USING GYM) _____

HS _____

MS _____

INTERMEDIATE _____

EARLY CHILDHOOD _____

SUPERINTENDENT: _____

PLEASE NOTE: a. In order to receive approval all requests must be in the Site office 14 days prior to the activity. All SCHOOL ACTIVITIES WILL RECEIVE PRIORITY! B. If using the facilities or selling products at all sites, you must receive the approval of all site principals.)