



**BRIDGE CREEK SCHOOL
MASTER CALENDAR
SCHOOL SITE ACTIVITY REQUEST FORM**

DATE REQUESTED: _____ **BY ORGANIZATION OR GROUP** _____

ACTIVITY: _____

DATE OF ACTIVITY: _____

BEGINNING TIME: _____ **ENDING TIME:** _____

PLACE: HS _____

MS _____

INTERMEDIATE: _____

EARLY CHILDHOOD: _____

PERSON RESPONSIBLE AND ATTENDING: _____

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 _____

HS _____

MS _____

INTERMEDIATE _____

EARLY CHILDHOOD _____

SUPERINTENDENT: _____

Please note: in order to receive approval all request must be in the site office 14 days prior to the activity. ALL SCHOOL ACTIVITIES WILL RECEIVE PRIORITY> If using the facilities or selling products at all sites you MUST receive the approval of all site principals.