

Special Events Form

(This includes all assemblies/class parties)

Event Contact			
Name of Event			
Date of Event			
Time of Event			
Location of Event			
Purpose of Event: Standards Covered			
Will this event require daily schedules to be rearranged?			YES NO
Will this event require additional supervision?			YES NO
<u>Custodial Needs</u>			
Set-up	Draw diagram on back or attach	YES	NO
Clean-up		YES	NO
Grounds use	List locations needed	YES	NO
<u>Office Staff Needs</u>			
Coverage Needed	If so list where -	YES	NO
Communication to parents		YES	NO
Will there be visitors coming, approx how many -		YES	NO
Date on Calendar		YES	NO
Will doors need to be unlocked, if so which one -		YES	NO
Who will be supervising that door:			
Student check out in room		YES	NO
Parking Arrangements Needed, if so which lot -		YES	NO