

Northwood High School Calendar/Event Request

Business Mgr. _____	Media Specialist _____
Resource Tchr. _____	Administrator _____
Sec. Team Ldr. _____	How many _____
Admin. Sec. _____	

Directions:

1. Complete request (include as much detail as possible) **4 WEEKS PRIOR TO EVENT** (If less than 4 weeks, you may not be accommodated.)
2. Sign form
3. Obtain signatures above
4. Submit completed form to Administrative Secretary
5. Event will be added to Northwood Calendar when all steps are complete

Event Details

Date submitted: _____ **Sponsor:** _____

Event Name: _____ **Event Date:** _____

(Set up/Take Down Time: _____ a.m./p.m. to _____ a.m./p.m. NOTE: please include set-up, take-down & clean-up time.)
(circle one) (circle one)

Event Time: _____ am/pm to _____ am/pm **Location:** _____

Number in Attendance: _____ **Entrance Fee:** _____

Audience: Students, Faculty, Community (Parents) *(circle as appropriate)*

Bldg. Svc. Workers: _____ **How many:** _____ *(to be determined by Business Mgr.)*

Will food be served? Yes No **Is kitchen facility needed?** Yes No

Set-up Details

Furniture & Equipment

Podium _____ Tables _____ Chairs _____ Trash Cans _____ Other: *(explain)*

Please sketch set-up:

Entered on NHS calendar by _____ Date: _____

Copies - Original (Binder/Main Office) (1) Sponsor (2) Media Services (Brennan/LaMere)