



## Use of Building & Master Calendar Submission Form

Event/Activity Title:	Location:	
Date(s):	_ Event Start Time:	End Time:
$\Box$ One time Event $\Box$ Weekly $\Box$ Bi-Weekly	☐ Monthly	
Target audience: Number of Participants		
Adult responsible:	s this a Fundraiser? Yes	No
Email:	Cell Phone:	
Brief description:		
Guidelines:  Contact classroom teacher if you will be using their roo  Contact custodians for special needs or set up instruction  Posters around school: Posters require Administration of MUST have a responsible adult present at the event or  Event Coordinator is responsible for production and equivalent costs on weekend  MUST DO Checklist:  Check FHS Calendar & Outlook Calendar for availal Complete this form and place in Dennis Joule mail  Are you requesting an Administrator at this event?  Are you requesting Campus Security (There is a cost	ons. approval. activity. uipment needs. s. bility. <a href="http://www.pps.k12">http://www.pps.k12</a> box in front office or ema Yes No st for this service.) Yes	il copy to djoule@pps.net No
Event Coordinator will receive an email to communicate approval or denial		
Office Use Onl		ster calendar.
Administrator Signature  CUB# (if needed)  DENIED: Administration will provide brief explanate	tion for denial of event.	Date -