

# EDU-PRIZE EVENT FORM

Date(s) of Event: \_\_\_\_\_ Number of Cars  
on Campus \_\_\_\_\_

Name of Event:  
\_\_\_\_\_  
\_\_\_\_\_

Set-up Time: \_\_\_\_\_ Time(s) of event: \_\_\_\_\_ to \_\_\_\_\_ Tear Down  
Time: \_\_\_\_\_

Event Coordinator: \_\_\_\_\_ Room or Phone #:  
\_\_\_\_\_

Classes participating:  
\_\_\_\_\_  
\_\_\_\_\_

Change to class's usual arrival or dismissal schedule?  No  Yes (see below)

If Yes, list student's times: \_\_\_\_\_ / \_\_\_\_\_

Is this event:  On campus (see box A)  Off campus (see box B)

**(A)**

## ON CAMPUS

Facilities (areas/rooms) to be used:  
\_\_\_\_\_

Special set-up required:  
\_\_\_\_\_

Special equipment needed:  
\_\_\_\_\_

Kitchen needed:  No  Yes

Person responsible for locking/unlocking doors:  
\_\_\_\_\_

Person responsible for tear-down & clean-up:  
\_\_\_\_\_

Approved by Dr. Robershotte  
\_\_\_\_\_

**(B)**

## OFF CAMPUS

Bus arrival time (for pick-up): \_\_\_\_\_ Bus departure time: \_\_\_\_\_ Bus return time (for drop-off):  
\_\_\_\_\_

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Please submit the original, completed Event Form to Building 2 Front Desk  
three weeks prior to the actual event.

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## Office Use Only

### Building – 1

- Director (copy)
- Nurse’s Office (copy)
- Front Desk Bld – 1 (copy)
- Calendar Bld – 1 (copy)
- Aide Supervisor (copy)
- Technical Dept – if applicable (copy)
- Location Specialist – if applicable (copy)
- Gym – Library – Music Room

### Building – 2

- Master Calendar/Intranet (original)
- Principal (copy)
- Assistant Principal (copy)
- Facilities (copy)

Other Events scheduled for that date:

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