

**River Eves Elementary School
Event Plan/Calendar Request**

1. Event (describe proposed event):

2. For Whom (please include the number of students/attendees):

3. Where (location of event - if classroom, please give room #):

4. When (day, date, time and duration):

5. Who (program organizer/contact):

Detailed seating chart: Yes / No
Stage: Yes / No
Garbage Barrels: Yes / No #_____
Heat/Air Conditioning: Yes / No

Audio Equip: Yes / No ? _____
Visual Equip: Yes / No ? _____
Tables: Yes / No # _____
Translator Needed: Yes / No Language _____

Other: _____

Submitted by: _____

Administrative Approval: _____

Date: _____

**** Please include sketch of table arrangements if applicable****

TO BE COMPLETED BY OFFICE PERSONNEL

_____ Date added to school calendar

_____ Date HVAC ordered

Route to Appropriate Personnel: Person making request, Administrators, Media Specialist, Head Custodian, Cafeteria Manager, PE Dept. Chair.

RETURN COMPLETED FORM TO PRINCIPAL'S SECRETARY