

SCHOOL EVENT PLANNING FORM

TODAY'S DATE: _____

REQUESTED BY: _____

REQUESTOR EMAIL: _____

REQUESTOR PHONE: _____

EVENT TITLE: _____

EVENT DATE: _____

START TIME: _____ AM PM

END TIME: _____ AM PM

WILL LUNCH BE AFFECTED? YES NO

1. EVENT TYPE/PARTICIPANTS:

ALL-SCHOOL
 US
 MS
 LS
 PRE-K (Excludes Preschool)
 PS (Excludes Pre-K)
 ECC

CLASS, CLUB OR ORGANIZATION: _____
 OPEN TO COMMUNITY

2. EVENT LOCATION AND TRANSPORTATION:

ON-CAMPUS LOCATION:	MIDDLE SCHOOL:	ATHLETIC FACILITIES:	GOODSELL BUILDING:	OTHER:
UPPER SCHOOL: <input type="checkbox"/> US Reynolds Common <input type="checkbox"/> US Lecture Hall <input type="checkbox"/> US Grape Room <input type="checkbox"/> _____	<input type="checkbox"/> Howard Theatre <input type="checkbox"/> _____ LOWER SCHOOL: <input type="checkbox"/> LS Gym <input type="checkbox"/> _____	<input type="checkbox"/> Boghetich Gym <input type="checkbox"/> Mathis Gym <input type="checkbox"/> Bennett End Zone <input type="checkbox"/> Stephenson Fieldhouse <input type="checkbox"/> Davis-Kennedy Clubhouse	<input type="checkbox"/> Administration Conference Room <input type="checkbox"/> Administration Harkness Room	<input type="checkbox"/> The Rainbolt Family Library <input type="checkbox"/> _____ <i>(Specify building and room.)</i>

OFF-CAMPUS LOCATION:	TRANSPORTATION:
LOCATION: _____ ADDRESS: _____ _____	<input type="checkbox"/> HH Buses (Qty: _____) <input type="checkbox"/> Carpool DRIVERS: _____ _____ _____

3. EVENT PLANNING AND SETUP:

PLANNING:	SETUP/CLEANUP:
<p>1 PRE-APPROVAL/CONFIRMATION OF SPACE AVAILABILITY (if applicable)</p> <p><input type="checkbox"/> Theatre Mgr. <input type="checkbox"/> Librarian <input type="checkbox"/> Athletic Director</p> <p>2 INDICATE THE EVENT'S FIRST APPROVER:</p> <p> <input type="checkbox"/> US Head <input type="checkbox"/> LS Head <input type="checkbox"/> Other: _____ <input type="checkbox"/> MS Head <input type="checkbox"/> Athletic Director </p> <p>3 REQUESTED MARKETING OR COMMUNICATIONS SUPPORT</p> <p> <input type="checkbox"/> Website Calendar/Daily Bulletin <input type="checkbox"/> Social Media <input type="checkbox"/> Campus Marquee(s) <input type="checkbox"/> Event Photographer <input type="checkbox"/> Other: _____ </p>	<p> <input type="checkbox"/> Chairs (Qty: _____) <input type="checkbox"/> Extra Trash Cans <input type="checkbox"/> 8-ft. Tables (Qty: _____) <input type="checkbox"/> Kitchen Access <input type="checkbox"/> Janitorial Services – additional cost applies </p> <p>A/V AND PRESENTATION REQUESTS:</p> <p> <input type="checkbox"/> Video Equipment <input type="checkbox"/> A/V technician needed at event <input type="checkbox"/> Audio Equipment <input type="checkbox"/> Risers (Qty: _____) <input type="checkbox"/> Computer Equipment for: <input type="checkbox"/> Podium (Qty: _____) <input type="checkbox"/> Mac <input type="checkbox"/> PC </p> <p>• SEE REVERSE SIDE TO CREATE A DIAGRAM OF THE SETUP →</p>

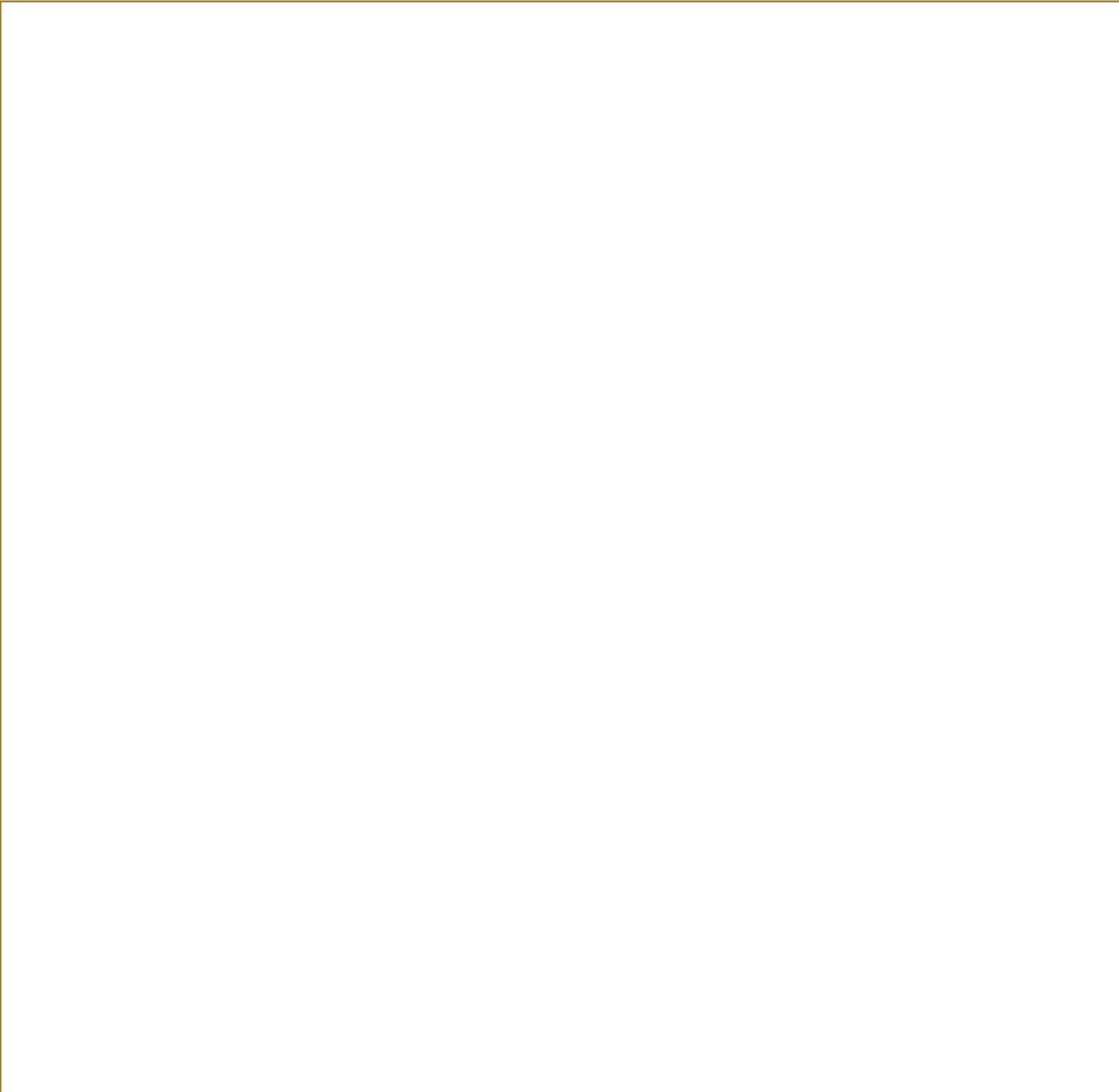
4. ROUTING:

<input type="checkbox"/> Headmaster	<input type="checkbox"/> US Head
<input type="checkbox"/> Asst. Head	<input type="checkbox"/> MS Head
<input type="checkbox"/> Dir. of Academic Affairs	<input type="checkbox"/> LS Head
<input type="checkbox"/> CFO	<input type="checkbox"/> Athletic Director
<input type="checkbox"/> Dir. of External Affairs	<input type="checkbox"/> Dir. of Marketing
<input type="checkbox"/> Dir. of Security	<input type="checkbox"/> Dir. of Admission

5. SEND COPY TO:

<input type="checkbox"/> Website Administrator	<input type="checkbox"/> ChargerVision
<input type="checkbox"/> Dir. of Special Events	<input type="checkbox"/> Charger Buses
<input type="checkbox"/> Theatre Manager	<input type="checkbox"/> Librarian
<input type="checkbox"/> Dir. of Communications	
<input type="checkbox"/> _____	

EVENT PLANNING AND SETUP (continued from first page) • Please use the space below to create a diagram of the setup.



NOTES/COMMENTS:

