

12801 Centerra Court | Central, LA 70714 | 225.261.3341 (Main) | 225.261.3490 (Fax) | www.centralprivate.org

## **CALENDAR EVENT REQUEST FORM**

Submit this form at least two weeks prior to the event date.

Today's date:	Event name:
Event description:	
(This description will be use	d on the school calendar. Use a short, complete sentence.)
Event date:	Approximate number attending:
Target audience (e.g., school-wide,	specific grade, etc.):
Event Admission Cost :	Event Estimated Cost:
Funding Source:	
Event start time:	
Set-up time needed:	
	Room(s):
	No Event workers (number needed):
	·
	Email:
Document Approval:	
Have printed materials been approx	yed by the Director of Marketing? □ Yes □ No must approve public documents.
Postage needs: (approved: □ Yes □ Bulk mail number of pieces to ma	□ No) il: □ Regular mail number of pieces to mail:
	□ Exterior sign □ Email to parents/staff □ Local Newspapers
Equipment needs:  □Tables: # needed  □Chairs: # needed  □Sound System  □Other	□Video/PowerPoint □Microphones □Stage  /technical support (if needed)

Food and Beverage Needs/Description	n:
Decorations Description Needs/Descr	iption:
Diagram of set-up (table seating, audi	torium seating, number of chairs, side tables, etc.):
*The contact person is responsible fo	r coordinating the clean up.
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Form submission:	
Elementary Events – submit form to th	ne elementary administrative assistant
All other school events– submit form	to the MS/HS administrative assistant.
Elementary Coordinator approval:	
Head of School approval:	Date:
••••••	••••••••••
To Be Completed By Calendar Event (	Coordinator
Head of School	MS/HS Administrative Assistant
Elementary Coordinator	Elementary Administrative Assistant
Athletic Director	Maintenance
Accounting Office	Marketing
Cafeteria	Technology

<sup>\*</sup> Copies given to the appropriate departments.