**Event Title:**

**Event Description:**

**Teacher or Sponsor:**

**Event Date(s):**

**Event Start Time:** **Event End Time**:

**Set Up Begin Time:** **Breakdown End Time:**

**Building:** FLOCKTOWN or KOSSMANN

**Room(s):**

**Outside Organization Involved**: YES or NO

 Name of Organization:

 Organization Contact Person:

 Phone Number:

|  |
| --- |
| **Setup Requirements** |
| **Services (Circle if needed)** | **Description (Include specific items)** |
| Audio Equipment |  |
| Video Equipment |  |
| Custodial Cleaning |  |
| Portable Stage/Risers |  |
| Seating –Folding Chairs |  |
| Tables |  |
| Lighting/Electrical |  |
| Other |  |

**Total Number Attending:** Adults: Children:

**Copies to:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mr. Craver, Principal |  | Mr. Murphy, FRS |  | Mrs. Conklin, FRS  |  | Music teachers  |  |
| Mr. Winsted, Asst.  |  | Mr. Carratura, Koss |  | Mrs. Blaszka, Koss |  | Cafeteria, FRS |  |
| Mrs. McEwen FRS |  | Central office |  | Special Services |  | Cafeteria, Koss |  |
| Mrs. Summers, FRS |  | Mrs. Antonov, FRS  |  | Mrs. Sokol, FRS |  | Lunch Supervisors –  |  |
| Mrs. Fichot, WJK |  | Mrs. Peppas, Koss  |  | Mrs. Leonhardt, Koss |  | Others  |  |

**Chaperones (Evening Activities):**

Principal Approval Date