

Crater High School
Master Calendar Request Form
This form is for "in-house" events and activities

Name _____ Submission Date _____

Requesting School/Organization _____

Item/Event Description _____

Date(s) of item/event _____

Time(s) of Item/event _____

*Please complete the items below only if your event will occur in a Crater High School facility.
This is essential for events that take place outside the school day or week.*

FACILITY / ROOM _____ HOURS _____

For custodial purposes, when do you need the space clean so you may set up? Date/Time: _____

After the event, will you need custodians to clean up? YES NO Date/Time: _____

Is heating or AC required for this event?

YES NO *If yes, which and what time should these be turned on?* _____

SPECIAL NEEDS: (chairs/tables/microphone/podium/sound system/etc.) _____

Is an Administrator needed for this event?

YES NO *If yes, what time would you like them to report to the event?* _____

Is an SRO (School Resource Officer) needed for this event?

YES NO *If yes, what time would you like them to report to the event?* _____

If contact has been made for an SRO, please indicate the date CPPD was contacted. _____

Please email a copy of this request to the following people:

_____	_____
_____	_____
_____	_____

{ } APPROVED

{ } APPROVED WITH THE FOLLOWING CHANGES:

{ } NOT APPROVED *Reason:*

Administrator Signature _____

Please note: Outside groups must use the District 6 form "Request for the Use of District Facilities".