



## ACTIVITY CALENDAR

**Directions:** Fill in the form below. Save the form and email the form as an attachment to your principal for approval and then to the Superintendent.

After approval from the Superintendent, this form will need to be sent to Lisa Kanak for posting.

Sponsor's Name \_\_\_\_\_ Date \_\_\_\_\_

Activity/Event \_\_\_\_\_

Date of Activity/Event \_\_\_\_\_

Class/Group/Organization Involved: \_\_\_\_\_

Location/Campus: \_\_\_\_\_

Starting Time: \_\_\_\_\_

Ending Time: \_\_\_\_\_

Additional information about the Activity/Event (ex. need ac/heat, room arrangement, need keys, etc.)

Principal Approval:            Yes            No

Principal \_\_\_\_\_

Superintendent Approval:            Yes            No

Superintendent \_\_\_\_\_

Entered on school website and district calendar \_\_\_\_\_ Initials \_\_\_\_\_