



ACTIVITY CALENDAR

Directions: Complete this form completely and forward to your principal for approval. After approval from the principal, this form will need to be sent to Lisa Kanak for posting and forwarding to appropriate departments for special requirements.

Sponsor's Name: _____ **Date:** _____

Activity/Event: _____

Date of Activity/Event: _____

Class/Group/Organization Involved: _____

Location/Campus: _____

Starting Time: _____ **Ending Time:** _____

Special requirements for the Activity/Event:

Rooms/area that need AC/Heat: _____

Technology Requests: _____

Special arrangement of room/area: _____

Other: _____

Principal Approval: Yes No

Principal _____

Entered on school website and district calendar _____ **Initials** _____