

This form must be submitted 10 working days prior to the date of any VCS event

2016-2017 VCS Event Form

Office – received: _____ approved: _____

Name: _____ Contact Number: _____ Today's Date: _____

Event: Date(s) of Event: _____ Day(s) of Week: _____

Name of Event: _____

Start/End Time: _____

*if your event covers multiple days, attach a schedule outlining activities and times for each individual day

When will you need to be in and out of the building? In: _____ Out: _____

Group sponsoring the event: _____

Purpose of this event: _____

Press release needed: No Yes Fundraiser: No Yes

Who will attend? (Circle all that apply)

ALL HS ALL JH ALL ELEM Only Grades: _____ Only: _____
(specific group)

Facility:

On-Campus - Where will the event take place? _____

Off-Campus -Name of Facility: _____

Transportation:

If the location is off campus are you requesting a bus or van? (Circle one) bus van n/a

Name of the person driving the bus/van: _____

If you are not requesting a bus/van, please list names of all drivers of personal vehicles: _____

Departure time: _____ Return time: _____ # of students: _____ What Grade(s): _____ # of Chaperones: _____

Supervision: Who will Chaperone? _____

ROUTING LIST

Office Use for Approval

Initials

Comments

Office Use for Approval	Initials	Comments
Keaton Surratt		
Cheryl Nurse		
Dave Entwistle		
Rory Christiaens		
Keaton Surratt		

Your event is not approved until you receive a copy of this form back with the approval noted.

Please note that all drivers (including volunteers) need to have completed a background check and an approved driver form.