

EVENT REQUEST FORM



Event Request Forms must be submitted for approval 10 WORKING DAYS PRIOR to the date of any VCS event. This form is required for ALL Pre-K-12th school events, fundraisers, and school outings. Please submit form to Elementary Office first.

EVENT DETAILS

Name of person requesting event: _____ Today's date: _____

Name of event: _____

Date(s) of event: _____ Event start time: _____ Event end time: _____

PURPOSE OF EVENT: _____

This is a fundraiser (list purpose): _____

Who will be attending this event? All School JH/HS Elem Other _____

WHERE WILL THIS EVENT BE HELD?

Onsite: Gym Auditorium/Chapel _Lunchroom Other _____

Offsite Location: _____

Date Event Needs to be Set-up: _____ Time Event Needs to be Set-up: _____

I will need Keaton's help (see back)

I will be responsible for setting up

I will need Facilities' help (see back)

The Student Store needs to be informed

APPROVAL/ROUTING LIST

	INITIAL	DATE	COMMENTS
<input type="checkbox"/> North Office	_____	_____	_____
<input type="checkbox"/> Healey Glessner	_____	_____	_____
<input type="checkbox"/> JH/HS Principal	_____	_____	_____
<input type="checkbox"/> Cheryl Nurse	_____	_____	_____
<input type="checkbox"/> Keaton Surratt	_____	_____	_____
<input type="checkbox"/> Facilities	_____	_____	_____
<input type="checkbox"/> JH/HS Office	_____	_____	_____
<input type="checkbox"/> Ben Hartman	_____	_____	_____
<input type="checkbox"/> Student Store	_____	_____	_____
<input type="checkbox"/> Celia Hawver	_____	_____	_____

EVENT SET-UP INSTRUCTIONS

The below section only needs to be completed if you require special set-up for your event.

Date event needs to be set-up: _____ Time event needs to be set-up: _____

Date event can be taken down: _____ Time event can be taken down: _____

Tables: 8ft #needed 6ft #needed Round #needed Other _____

Chairs: # needed _____ How do you need them set-up? _____

Bleachers: In (they will not be used) Out (they will be used)

Band shell: All the panels are needed Some of the panels are needed #needed _____

Risers: On gym stage On gym floor On auditorium/chapel stage Other _____

Audio visual (explain in detail what your needs are): _____

Sound (explain in detail what your needs are): _____

Note: Auditorium sound system must be run by someone trained on the system.

This event is recurring

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Notes: _____

Prayer concerns: _____

Event Requests shall be made by submitting this form to the office. The event location will be reserved and placed on the school calendar only when the administration approves the event.

I agree and understand that all Events will be in accordance with our beliefs, statements of faith and core values.

Signature – person submitting this form

Date