

# Scottsdale Christian Academy

## Event Planning Form

*This form should be submitted no less than two weeks PRIOR to the proposed event.  
(If Event is more than one day, please write details on a separate sheet and attach to this form.)*

New Request                      Today's Date \_\_\_\_\_ Phone # \_\_\_\_\_

Change previous request  
(Include copy of previous request)                      Your Name \_\_\_\_\_

Cancellation (include copy of previous request)                      Department \_\_\_\_\_

<b>Date(s) of Event</b> (Month, Day, Year)	<b>Master Calendar</b> (Circle One) <b>Clearance (Joan)</b> Yes    No
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Event Name \_\_\_\_\_                       Need Permission Slips

Event Description \_\_\_\_\_

Event ACCESS to Room/Facility Time \_\_\_\_\_ am/pm

Event Starting Time \_\_\_\_\_ am/pm      Event Ending Time \_\_\_\_\_ am/pm

Event Location at SCA  Yes  No  Other (Give Street Address and Phone #)

Event Participants \_\_\_\_\_                      Number of Participants \_\_\_\_\_

Event Purpose \_\_\_\_\_

**Facility Reservations (If Event is on campus, please check all that apply)**

<b>Buildings/Rooms:</b>  <input type="checkbox"/> Gym <input type="checkbox"/> Cleared with AD  <input type="checkbox"/> Cafeteria <input type="checkbox"/> Stage Only <input type="checkbox"/> Library <input type="checkbox"/> Clear w/ librarian <input type="checkbox"/> Classroom      Room # _____ <input type="checkbox"/> Academy Conference Room <input type="checkbox"/> Fine Arts Center  <input type="checkbox"/> _____ Cleared with T. Bookhout  <input type="checkbox"/> Fine Arts Courtyard <input type="checkbox"/> Upper School Courtyard <input type="checkbox"/> Senior Square  <input type="checkbox"/> Outside Vendors have named SCA as additionally insured	<b>Maintenance:</b> <input type="checkbox"/> Chairs <input type="checkbox"/> Tables (Round) <input type="checkbox"/> Tables (Long)  <b>Sound/Tech:</b> Microphones: (List how many needed) <input type="checkbox"/> Wired (Limit 4) <input type="checkbox"/> Wireless Handheld (Only 1) <input type="checkbox"/> Wireless Lapel/Headset (Only 1)  Other: <input type="checkbox"/> Projector <input type="checkbox"/> Portable Screen <input type="checkbox"/> Installed Screen <input type="checkbox"/> DVD/VCR Player <input type="checkbox"/> Computer <input type="checkbox"/> Podium <input type="checkbox"/> Piano <input type="checkbox"/> Other (please specify)
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**\*To request additional Sound/Tech Equipment, please contact Technology Dept.**

<b>Office Use</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved    Supervisor's Signature _____  <i>Out of state field trips MUST have Superintendent's approval. Proposals must be submitted at least ONE MONTH in advance of field trip date.</i>  <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved    Supt. Signature/Date _____
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\*Diagram to show where you wish to place the microphones (M), piano (P), tables, chairs (draw in).

Cafeteria

Stage

Gym

Bleachers

### Transportation Type Preference

**Reminder – make every effort to stay within the PVUSD 9:15 am – 1:30 pm time frame.**

***This greatly enhances your chance of getting transportation.***

#### Filled out by Teacher

\_\_\_ Van \_\_\_ Mid Bus \_\_\_ School Bus \_\_\_ Charter Coach (out of the greater Phoenix area only)

\_\_\_ Other? \_\_\_\_\_

\_\_\_ Destination (include address) \_\_\_\_\_

\_\_\_ Total number of people to be transported \_\_\_ Adults \_\_\_ Students

Participants depart from \_\_\_\_\_ at \_\_\_\_\_

Participants will return to \_\_\_\_\_ at \_\_\_\_\_

#### Filled out by Athletic Director (Vans/Mid Bus) or Joan Rockwell (Charter or School Bus)

\_\_\_ Your transportation is scheduled. Provider \_\_\_\_\_

\_\_\_ Sorry, your transportation is not available. Your only remaining option is to arrange "parent transportation." Remember, insurance and license information must be put on file 48 hours before your trip. You may get these forms from **Rhonda Kothe** and return them to her.

\_\_\_ Arranged

#### Copies Of This Form Sent To:

Contact Person (Person planning event/requesting transportation)

Joan Rockwell (Master Calendar/Buses)

\_\_\_ Kim Baker (Elementary Office)

\_\_\_ AD/Athletic Office

\_\_\_ Food Service

\_\_\_ Kay Hewitt (Com. Ed.)

\_\_\_ Fine Arts Center (Bookhout)

\_\_\_ Classroom/Gym/Field Teacher who space is being used

Maintenance

\_\_\_ Technology

\_\_\_ Cheer

\_\_\_ PE Dept. (Estrada, Zaborowski)

Rhonda Kothe (AP)

Mary Rodarte

\_\_\_ Other

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