

Original Document

SCA ON-CAMPUS EVENT FORM

This form should be submitted no less than two weeks **PRIOR** to the proposed event.
Please check availability on Master Calendar before submitting this request
All Approval signatures must be completed before form is submitted.

Event Name _____

New Request

Change to Existing Event

Your Name _____ Today's Date _____

Date(s) of Event: _____

Event Starting Time: _____ am/pm Event Ending Time: _____ am/pm

Event ACCESS to Room/Facility Time _____ am/pm

Approximate Breakdown Time _____ (determined by Maintenance/Operations)

Event Description/Purpose _____

Event Participants: _____ Number of Participants: _____

Contact Person: _____ Phone Number: _____

Outside Vendors must name SCA as additionally insured _____ (initial)

SPACE APPROVAL		SET UP & NEEDS		
Athletic Area		Maintenance		
	<i>Approved by Athletic Director</i>	Chairs		#
Gym	Initials:	Tables (round)		#
Baseball/Football Field	Date:	Tables (long)		#
Basketball Courts		Other:		
Fine Arts Center		Sound/Tech		
	<i>Approved by Mrs. Kreykes</i>	Microphones		#
Courtyard	Initials:	Wired (limit 4)		#
Theatre	Initials:	Wireless		
Band Room or Choir Room	Initials:	Wireless Lapel		
Conference Rooms		Projector		
	<i>Approved by:</i>	Portable Screen		
Academy	J. Jones (initials)	Podium		
MS/HS	C. Rudesill (initials)	Screen		
Other		Piano		
Library	Librarian (initials)	Other (specify)		
Cafeteria				
Stage				
Other (describe)				

Use the back to include additional information or diagram

Approved Not Approved Supervisor's Signature: _____

Approved Not Approved Accounting Signature (fundraising events only): _____

Master Calendar (Janet Jones): _____