



ENGLEWOOD PUBLIC SCHOOL DISTRICT

ACTIVITY/EVENT REQUEST FOR CALENDAR

Today's date: _____ Requestor's Name: _____ Email: _____

Name of Club/ Sport/ Organization: _____ Event/ Activity _____

Purpose of Event: _____

Event/Activity Date(s): 1st choice _____ 2nd _____ 3rd _____

Set Up Time: _____ Event Start Time: _____ Event End Time: _____

Building:

Location: 1st choice _____ 2nd _____ 3rd _____

Administrative Approval _____ Date _____ Administrative Denial _____ Date _____

****Form must be submitted to R. Suchanski-DMHS Athletic Office at least 3 weeks prior to event/activity*****