

CARMEL HIGH SCHOOL

Master Calendar Sign-up Request

COMPLETE AND RETURN TO THE PRINCIPAL'S OFFICE FOR RECORDING ON THE SCHOOL'S MASTER CALENDAR.

REQUIRED STEPS TO BE CLEARED BY PRINCIPAL'S SECRETARY: _____

SIGNATURE INDICATES CLEARANCE

- Check the Master Calendar in the Principal's Office for date and facility availability.
- Provide information requested below according to the needs of your event.

TODAY'S DATE: _____ SUBMITTED BY: _____

PHONE CONTACT: _____

GROUP: _____ ACTIVITY: _____

EVENT DAY(S): MON TUE WED THU FRI SAT SUN / DATE(S): _____
CIRCLE DAYS OF THE WEEK REQUESTED FILL IN DATES REQUESTED

SETUP TIME: _____ START TIME: _____ CHANGE BELL SCHEDULE? YES NO _____
APPROVED by Laborde
 _____ END TIME: _____ (If changed, which schedule to be used?) _____

LOCATION: _____

SCHOOL-DAY ACTIVITY SERVICES NEEDED:

- Open/Close Room
- Room Arrangement (specify, attach separate diagram if necessary) _____

- Equipment Setup (specify) _____

APPROVED BY ACTIVITY DIRECTOR: _____
 CHAPERONE
 IN CHARGE: _____
(PRINT NAME)

(SIGNATURE OF CHAPERONE RESPONSIBILITY)

EVENING/WEEKEND SERVICES NEEDED:

- Open/Close Room Open/Close Restrooms
- Room Arrangement (specify, attach separate diagram if necessary) _____

- Equipment Setup (specify) _____

- Key(s) checked out: _____
 TO: _____
- Pool Use – Person with Red Cross Certification
 Required: _____
NAME OF CERTIFIED PERSON (ATTACH CERTIFICATE COPY)
- Custodial needs: _____

BUDGET USED FOR CUSTODIAL COST: _____

FOR OFFICE USE ONLY:
 APPROVED BY PRINCIPAL: _____ DATE: _____

- ROUTE COPY TO: Custodian: _____ Cafeteria: _____
 Teachers (Room Used): _____
 Others: _____

DATE POSTED: (Master Calendar) _____ BY: _____ (Website) _____ BY: _____