

# F. W. Springstead High School

## IB CAS Project - Calendar Request

Please complete this form for review and approval of any and all student related activity on or off SHS campus.

**All IB/CAS activities must be approved by an administrator before scheduling the event.**

Date: \_\_\_\_\_ Teacher Sponsor Contact Phone # \_\_\_\_\_

Student Name: \_\_\_\_\_ Student email: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Teacher email: \_\_\_\_\_

Description of Activity \_\_\_\_\_

Date of Activity \_\_\_\_\_ Start/Leave Time \_\_\_\_\_ End/Return Time \_\_\_\_\_

Number of Students \_\_\_\_\_ Number of Adults \_\_\_\_\_ Cost per Student \_\_\_\_\_

### USE of FACILITIES

Cafeteria	Media Center	Theatre	Air Conditioner requests are submitted to district Friday prior to event	
Gymnasium	System/PA	Classroom #		
Security	Custodians	Bell Schedule Change	Stadium	Kitchen
Location: _____				

Name of Set up/Clean up Person(s): \_\_\_\_\_

Special Requests \_\_\_\_\_

### FUNDRAISING INFORMATION

Purpose for Fundraiser \_\_\_\_\_

Will there be Ticket Sales      Yes      No      Tickets are issued through SHS Bookkeeper

Refreshments/Concessions      Yes      No      If yes, what will be sold? \_\_\_\_\_

Will students be selling items \_\_\_\_\_

Anticipated funds derived from project? \$ \_\_\_\_\_

Online Fundraising    Yes      No      Website Address if applicable \_\_\_\_\_

### ADMINISTRATION USE ONLY

Approved Yes \_\_\_ No \_\_\_

Administration Signature \_\_\_\_\_ Date: \_\_\_\_\_

### DISTRIBUTION

___ Ms. Valdespino (Facilities & Calendar)	___ Originator	___ Mr. Beach	___ Bookkeeper	___ SHS Web Page
___ Athletic Director	___ Cafeteria	___ Theater (Pennington)	___ Media	___ Custodial Dept.