

# Event Request

Date: \_\_\_\_\_

Teacher/ Staff Member: \_\_\_\_\_ Club/Organization: \_\_\_\_\_

Title of Event: \_\_\_\_\_

Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Building Room Needed:

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Purpose of Event:

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Please remember, this form is solely to receive approval to have an event with the students and to add event to the school calendar. **Approval from principal is required to hold any event.** Please place event request 14 days prior to day of event. Also note, this form does not replace any other procedures required by FWISD. If you will be fundraising, charging or selling anything or collecting money you must follow internal finance procedures. Event will be added to calendar within 24 hours of approval.

\_\_\_\_\_  
Teacher/ Staff Signature

\_\_\_\_\_  
Date

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OFFICE USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date