

**Level Creek Elementary School
Event Scheduling Request
(Please allow 2 weeks notice)**

1. **Sponsoring Group** _____ **Date** _____
2. **Contact Name** _____ **Contact Phone #** _____
3. **Audience (who?)** _____ **How Many** _____
4. **Name of Activity/Program** _____
5. **Is Heat/Air Needed? (Request when event is scheduled after 4:00 p.m. or on the weekend)**
 Yes No
6. **Location requested for this event:**
 Media Center (See Media Specialist for availability) **Office Conference Room** (Check with office for availability)
 Cafeteria (Check with office for availability) **Professional Learning Room** (Check with office for availability)
 Other Room # _____
7. **List dates and times that the event will be held (continue on reverse side if needed):**
Date _____ **Beginning Time** _____ **Ending Time** _____
Date _____ **Beginning Time** _____ **Ending Time** _____
8. **Add to LCES Calendar:** **All** **Teacher and Staff** **Office/A-Team**

Additional Information for the LCE Online Calendar:

Equipment and Custodial Needs

Please indicate all custodial or equipment needs for your event. Please note that not all equipment and/or furniture will be available at every location. Check with Media Specialist and Custodian before turning in request.

Custodial Request	Equipment Requests Media Specialist
<input type="checkbox"/> Full Stage <input type="checkbox"/> Half Stage	<input type="checkbox"/> Overhead Projector
Tables # _____	<input type="checkbox"/> Overhead Screen
Chairs # _____	<input type="checkbox"/> Microphone Stand <input type="checkbox"/> Microphone
Tables/Chairs Removed # _____	<input type="checkbox"/> TV/VCR
Extra Trash Cans/Bags # _____	<input type="checkbox"/> Closed Circuit Distribution of Event
<input type="checkbox"/> After Hours Lock-up (After 9:00 p.m. or Weekend)	<input type="checkbox"/> Video Camera

Comments: _____
Approved _____ **Declined** _____ **Date** _____

Principal