**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

1. **Location requested for this event:**

 **Media Center Office Conference Room (**See Media Specialist for availability) (Check with office for availability)

 Cafeteria Professional Learning Room

(Check with office for availability) (Check with office for availability)

 Other Room #

1. **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

1. **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** |
|  **Full Stage** **Half Stage** |  **Overhead Projector** |
| **Tables #**  |  **Overhead Screen** |
| **Chairs #**  |  **Microphone Stand** **Microphone** |
| **Tables/Chairs Removed #**  |  **TV/VCR** |
| **Extra Trash Cans/Bags #**  |  **Closed Circuit Distribution of Event** |
|  **After Hours Lock-up (After 9:00 p.m. or Weekend)** |  **Video Camera** |

Comments: Approved Declined Date

**Principal**