



**FLINT HILLS
CHRISTIAN
SCHOOL**

Today's date: _____

Event name: _____

Purpose of event: _____

Event description: _____

(This description will be used on our calendar)

Event date: _____ Approximate number attending: _____

Target audience (e.g., school-wide, specific grade, etc.): _____

Event start time: _____ Event end time: _____

Set-up time needed: _____ Clean up time needed: _____

Rooms requested: _____

Equipment needs:

- Tables: # needed _____
- Chairs: # needed _____
- PowerPoint/Technology
- Speaker System,
- Music
- Microphones: How many? _____
- Other _____

Contact person/Coordinator of event: _____

Phone: _____ Email: _____

School administrator approval: _____ Date: _____

Please submit this form to administrative assistant