Alexander Local School District

Special Events Request

Teacher/Advisor:_____ Grade or Group_____

Special Event requested:_____

Where will event be held:_____

Date of event:_____ Time of event:_____ to _____

What will be needed for the event:_____

_____

_____

_____

_____

_____ _____

Teacher/Advisor's Signature Date

For Office use only

☐ Approved ☐ Not Approved

_____ _____

Principal Date

☐ Placed on calendar ☐ CC: Principal ☐ CC: Teacher ☐ CC: Facilities Supervisor

_____ _____

Athletic/Events Coordinator Date