

**ENGLEWOOD PUBLIC SCHOOL DISTRICT EVENT
APPROVAL/ROOM REQUEST APPLICATION
(EPSD TEACHERS & STAFF ONLY)**

Today's date: _____ Requestor's Name & Location: _____

Requestor's Email: _____ Cell Phone #: _____ School Extension: _____

Name of Club/Organization: _____

Event name & description: _____

All locations being requested for this event: _____

Date of event: _____ Set-up Time: _____ Event Start Time: _____ Event End time: _____

If applicable, amount to be charged for admission: _____ Remittance name: _____

Describe special needs (if any):

(Any special needs and equipment must be reserved with the proper department)

Total number attending: _____ Number of participating students: _____ Number of chaperones: _____

*The following must be obtained, confirmed and signature received before approval will be considered:

Two (2) Administrators: _____

Administrator #1 (Print Name)

Administrator #1 (Signature)

Administrator #2 (Print Name)

Administrator #2 (Signature)

Security #1 (Print Name)

Security #1 (Signature)

\$ _____
Security Fee Waived (Y/N)

Security #2 (Print Name)

Security #2 (Signature)

*Please list additional security personnel on back of form

Chaperones (1:25): _____

(LIST ALL NAMES)

*Please note:

1. This form must be submitted to each principal's office at least one (1) month prior to the requested event.
2. At least one teacher must supervise the event/activity.
3. Administrators, security and chaperones are a must and it is the responsibility of the requestor to obtain and also compensate (if applicable).
4. Advisor must safeguard all money raised until it is deposited with the school treasurer. The advisor is responsible for all monies lost or stolen while in their possession.
5. All monies raised must be deposited with the school treasurer no later than the end of the next school day following the event/activity.
6. Use of the gym, fields and stadium MUST be approved by the Athletic Director prior to the Principal's approval.
7. For party requests, there is absolutely NO use of the kitchen and party hours are 7pm-11pm ONLY.

Athletics Approval (if applicable): _____ Date: _____ Approved: _____ Not Approved: _____

Principal's signature at location: _____ Date: _____ Approved: _____ Not Approved: _____
Indicating Board of Education approval

Principal's signature of school group: _____ Date: _____ Approved: _____ Not approved: _____
If different than location

APPROVAL OF THIS FORM DOES NOT GUARANTY THE USE OF THE ROOM OR SPACE YOU ARE REQUESTING. IT IS APPROVAL FOR THE SPECIFIC USE/FUNCTION. The room approval is contingent on the facilities schedule. Any additional items needed for your activity must be obtained separately. Approval of this form in no way guarantees funding or monies for your program.