



SEATTLE ACADEMY

Initial Calendar Request

2010-2011

Today's Date: _____

Your Name: _____

Name / Type of Event: _____
(field trip, class move, evening presentation, etc.)

Date and Time Requested: _____

Location(s) Requested: _____

Who is involved? _____
(List specific numbers and types of participants.)

Transportation Needed: YES NO

Please Note:

- To avoid conflicts, it is best to request dates as early possible.
- Please submit your request to Sheila Hanrahan in the CUB Building. Sheila will get clearances regarding the calendar and transportation. She will respond to all requests within 3 days.
- Once a request has been confirmed, additional paperwork will be required. Sheila will work with you to gather that information, confirm transportation, and develop a communication plan for your event.

For Office Personnel Use Only

Date Received:	_____
Request Approved:	YES NO Date: _____
Confirmation Given:	YES NO Date: _____
Planning Form Submitted:	YES NO Date: _____
Communications Plan Submitted:	YES NO Date: _____