

ASSEMBLY/EVENT NOTIFICATION FORM

DATE OF ASSEMBLY/EVENT: _____ GRADE(S): _____

EVENT NAME: _____

LOCATION:

- GYMNASIUM Cleared with PE Teacher Date: _____
- PARISH HALL Room Reservations scheduled in school office - all locations
- OTHER LOCATION _____
- RECESS REASSIGNMENT (if needed) _____

Time arriving STM for set up: _____ Time leaving STM: _____

Event start time: _____ Event end time: _____

ASSEMBLY/EVENT NEEDS:

- Electronics Scheduled with Becky Cooper Date: _____
- Equipment _____ Who: _____
- Supplies _____ Who: _____
- Greeter: _____ When: _____

CHECK REQUEST:

Amount of check \$: _____ Date check needed: _____

- I have attached invoice and assembly information Mail check

If a check is to be mailed, please include the following information:

Payee: _____

Address: _____

Fieldtrip assembly: Assembly Funds PTO Wish List Funds Arts Enrichment Fund

TEACHER REQUESTING ASSEMBLY/EVENT: _____

DATE REQUEST SUBMITTED: _____

PRINCIPAL'S SIGNATURE: _____

- POSTED TO ALMA (Office use)