

CALENDAR REQUEST

Complete form and Return to Denise Smith (Glyndal.smith@wcsb.us at least 5 school days prior to the activity).

Name _____ Date Submitted _____

Day and Date/Time of Activity _____

Activity _____ Location _____

Team/Class Participating _____ Class Periods Affected _____

Custodial Assistance Needed? NO YES (Circle one)

If yes, how _____

Will students eat lunch at school? NO YES (Circle one) If no, how many? _____

OFFICE USE ONLY

Conflict on Calendar ___ Yes ___ No Activities Coordinator _____

Approved? ___ Yes ___ No Principal _____ Date _____

District Calendar ___ Yes ___ No Rhonda.Stevens@wcsb.us/Helpdesk

Copy to Kenneth.Harvey@wcsb.us ___ Yes ___ No

Copy to Lunchroom? ___ Yes ___ No

Copy to Victoria.Pope@wcsb.us ___ Yes ___ No

Copy to Elizabeth.Brown@wcsb.us ___ Yes ___ No Notes: _____
