

# DISTRICT WIDE EVENT REQUEST



## EVENT INFORMATION

Organizing Department / School:

Date of Request:

Organizer's Name :

Event Name :

Audience :

Proposed Location(s) :

1st Date of Choice :

2nd Date of Choice :

Event Status :

1st Time Event

Repeat Event

Expansion Event

### Support Requests

Press Release

Web/Social Media

Graphic Design

Photography

Media Advisory

Videography

Audio/Visual Equip.

Superintendent to Attend (Y/N) :

Location Secured (Y/N) :

Description of Event :

List of stakeholders that support this event :

Supervisor Signature :

Date :

## APPROVAL

Date Available (Y/N) :

Comments :

Signature :

Date :

## DECISION

Approval(Y/N) :

Date of Approval :

Next Steps :

NOTE: EMAIL THE COMPLETED FORM TO ERICA.TAYLOR@OCSOCS.DSC.ORG