

# EVENT PLANNING REQUEST FORM

This form is to be utilized when requesting events on campus and THS-related events and activities that take place off campus. Please complete this form in its entirety and return to Patricia Walter in the main office. It will then be forwarded to the Head of School for review and approval. Once approved, the event will be placed on the Master Calendar. Master Calendar reservations can only be requested through the submission of this form.

## SECTION 1

<b>EVENT NAME:</b> _____		<b>EVENT DATE:</b> _____	
<b>Event Begins at:</b> _____ AM/PM	<b>Event Ends at:</b> _____ AM/PM	<b>___ No Facility Needed—For Calendar Only</b>	
<b>This is a(n):</b>			
___ Student Event	___ Faculty/Staff Event	___ Off-Campus Retreat	___ Drive (Blanket, Coat, Food, Toy, etc.)
___ Family Event	___ On-Campus Retreat	___ Fundraiser	
<i>FOR FUNDRAISERS AND DRIVES, PLEASE ALSO COMPLETE SECTION 2 BELOW.</i>			
<b>Facility Requested:</b>			
___ Assembly Hall	___ Courtyard	___ Football/Soccer Field (Day)	
___ Cafeteria	___ Music Room	___ Football/Soccer Field (Night, \$50/hr; Fee due at time of reservation)	
___ Hallway Outside Cafeteria	___ Black Box Theatre	___ Gym (After Hours, \$100/hr; Fee due at time of reservation)	
___ Conference Room (Bldg. 5)	___ Boys' Formation (Bldg. 4)	___ Other (_____)	
___ Chapel	___ Softball Field		
___ Library	___ Sand Volleyball Court		
<b>Furniture/Equipment Needs:</b> (Include layout on back; food/beverage/projector needs are responsibility of Event Coordinator)			
___ Chairs (#_____)	___ 8' Tables (#_____)	___ Cafeteria Tables (#_____)	___ Round Tables (#_____)
___ Coffee Pot(s)	___ Microphone (with cord or cordless?)		
<b>DOES SPACE NEED TO BE RESERVED THE NIGHT BEFORE FOR SET-UP?</b> _____			

## SECTION 2 – TO BE FILLED OUT FOR FUNDRAISERS AND DRIVES ONLY

<b>GROUP/CLUB/TEAM REQUESTING FUNDRAISER or DRIVE:</b> _____
Purpose: _____
Who will benefit? _____ Will money be raised? _____
If Yes, what is goal? \$ _____ If No, what is Drive goal? _____
Who will be collecting proceeds or items during event? _____
Where will proceeds or items be held during event? _____
A follow-up report is due to the Business Manager within 7 days after this event ends, along with a _____% donation to the school. What date will the follow-up report and donation be submitted? _____
Do promotional materials contain The Highlands School name? _____ Have these materials been approved? _____
If not, are they attached? _____ If not, when will materials be submitted? (due 30 days before event date) _____
<b>ALL FUNDRAISERS AND DRIVES MUST BE APPROVED BY THE EXECUTIVE DIRECTOR.</b>

## SECTION 3

Event Coordinator: _____	Contact #: (_____) _____ - _____
Group/Club/Team: _____	Date Submitted: ____/____/____
Who is responsible for set-up? _____	Clean-up? _____
I, _____, accept full responsibility for clean-up after event and any damage to property that may occur during event. _____/____/____ (Please sign and date)	
Has facility open-up and lock-up been coordinated with Business Manager? _____ If not, when will this take place? _____	
If yes, who will open up? _____ Who will lock-up? _____	
If children present, has Event Planner and sufficient number of adults received Safe Environment Training? _____*	
<b>(*complete needed information on backside)</b>	
If Event Coordinator cannot be reached, the Emergency Contact Person for this event is _____ and their contact number is: (_____) _____ - _____.	

Approved: \_\_\_\_\_ Approved: \_\_\_\_\_ Approved: \_\_\_\_\_  
 Richard von Weber-Hahnsberg Fr. Daniel Ray Dave Pope

\*If children present, based on student age, the following number of approved, safe environment trained adults must be in attendance at this event:

Student Age*	Maximum Number of Students <b>One</b> Adult May Supervise in Each Age Group
3 -6 years	10
7-13+ years	15

**\*Note:** Co-ed events require male and female chaperones.

Based on the above information, the following approved, safe environment trained adults will be in attendance at this event:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

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**ROOM LAYOUT FOR THIS EVENT:**