

Calendar Request Form

Please mark which campus Filbert Palisades

After checking the Office master calendar for scheduling conflicts, I am requesting the following time and date:

Your Name: _____ Today's Date: _____

Your contact phone number or email (for parents only) _____

Time requested: from: _____ to: _____ Date Requested: _____ Grade: _____ Room #: _____

Location (if appl.): _____

Event: _____

Please check if you are: rescheduling cancelling; Date of original event _____

Special set-up requests: _____

People responsible for clean-up: _____

Please return this form to School Secretary's mail box in the school office.

For office use only: <input type="checkbox"/> Master Calendar <input type="checkbox"/> Website <input type="checkbox"/> Facilities <input type="checkbox"/> NO Inter/Intra Campus Conflicts
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