



# LINDEN SCHOOL EVENT FORM

From: \_\_\_\_\_

Date: \_\_\_\_\_

Event

Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Room(s) Needed: \_\_\_\_\_

Equipment Needed and Number Needed: \_\_\_\_\_

Tables \_\_\_\_\_

Overhead Projector \_\_\_\_\_

Chairs \_\_\_\_\_

VCR Presentation \_\_\_\_\_

Microphone \_\_\_\_\_

Extension Cord \_\_\_\_\_

Other \_\_\_\_\_

Approvals: Staff Member's Signature: \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Office Noted on School Calendar: \_\_\_\_\_

Staff and/or Before/After School Notified \_\_\_\_\_

Custodian Notified: \_\_\_\_\_