

**SHARON SPRINGS CENTRAL SCHOOL
CALENDARING REQUEST FORM**

(Requests should be processed at least two weeks prior to the date of event/activity).

Please complete and submit form to the Main Office

Person Making Request

Date Submitted

Type of Event/Activity

Date of Event/Activity

of Students Impacted

Event Begins at _____ and ends at _____.

Please check which calendars you wish to have the event/activity placed on:

Main Office Calendar: _____

Weekly Bulletin Calendar: _____

Website Calendar: _____

Administrator Approved: _____ **Date:** _____

Copy Website Calendar _____

Copy Main Office Calendar _____

Copy Weekly Bulletin Calendar _____