



**TRINITY PREPARATORY**

**SCHOOL**

## CALENDAR PERMIT AND/OR USE OF CAMPUS FACILITIES

Name of Applicant \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Event Title \_\_\_\_\_

Event Date \_\_\_\_\_ Day of the week \_\_\_\_\_

Event Beginning Time \_\_\_\_\_ (This will be time published on the calendar) Ending Time \_\_\_\_\_

Additional Usage Time (Beginning and Ending Time) \_\_\_\_\_ (This is the extra time you may need for set-up)

Event Location \_\_\_\_\_

Number of persons expected \_\_\_\_\_

Materials and services needed:

Chairs # \_\_\_\_\_ Tables # \_\_\_\_\_ Lectern \_\_\_\_\_

Other \_\_\_\_\_

If you have an audio/visual or technology need, check this box and complete an Audio/Video Technology Request form. Submit it with this facility request.

**PLEASE CONTACT SAGE DINING FOR FOOD SERVICE NEEDS  
PLEASE CONTACT THE BUSINESS OFFICE FOR SECURITY NEEDS  
ADDITIONAL CHARGES MAY APPLY FOR SECURITY, EXTRA CLEANING, AND FOOD SERVICE**

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Approval/Event Entered on Calendar \_\_\_\_\_ Date \_\_\_\_\_

### TURN IN FORM TO THE HEADMASTER'S ASSISTANT

She will provide copies to the Business Office, Maintenance Dept., Security, Custodial and Sponsor