

Kearns Activity Calendar Request Form

Group Requesting: _____ Date of Request: _____

Check Area Needed:

_____ Main Gym	_____ Auxiliary Gym	_____ Auditorium
_____ Stadium	_____ Track	_____ Practice Football Field
_____ Dance Studio	_____ Classroom	_____ Parking Lot
_____ Cafeteria	_____ Media Center	_____ NW or SW Auditorium

Dates Needed: _____

Start Times: _____ End Time: _____

Technical Support Needed:

Coach/Advisor Making Request: _____

Coach/Advisor Signature: _____

Coach/Advisor email: _____

Coach/Advisor (cell#): _____

When your event is inputted on the calendar, I will put a copy of this in your box or email confirmation that your activity is on the calendar. If you do not receive this form back or an email it is not on the calendar.

Assistant Principal
Philip Morris

Date Completed on Calendar