

**WEST JEFFERSON HILLS SCHOOL DISTRICT
SPECIAL EVENT REQUEST FORM**

Complete this form and submit to the Superintendent's Office.

NAME OF EVENT: _____

Person Requesting: _____ Today's Date: _____

Organization Requesting: _____
(Group/Organization/Office)

Is Group paying for cost? _____ Yes _____ No

If Yes, bill to: _____

Are any School District Funds to pay cost? _____ Yes _____ No

If Yes, what fund? _____
(General/Activities/Athletic/Curriculum/Building)

Fund Account No.: _____

Date of Event: _____ Time: _____

Place: _____ How many attending? _____

What is to be done (food, setup, etc.)? _____

Food Service Contacted? _____ Yes _____ When? _____ No

Approval:

Superintendent

Finance Director