

**GREENVILLE PUBLIC SCHOOLS
EVENT FORM**

TITLE OF EVENT _____

PURPOSE OF EVENT _____

SCHOOL & DEPARTMENT _____

DATE, TIME & LOCATION OF EVENT (NOTE: This form must be submitted at least seven days prior to the event) _____

RESOURCES & STAFF REQUIRED _____

PUBLIC/MEDIA RELATIONS REQUEST (please note if you would like media coverage/publicity of this event. Also, include why is this event newsworthy and if there is a cost to attend the event) _____

CONTACT PERSON FOR THE EVENT (please provide name, phone number and email address) _____

SUMMARY OF ASSIGNMENTS TO BE COMPLETED FOR SUCCESSFUL EVENT:

1. _____

2. _____

3. _____

4. _____

5. _____

Please attach any additional information that you feel is necessary to inform administration about this event. (Such as flyers or brochures and background information essential to your event)

_____ Approved _____ Denied

Signature (Leeson M. Taylor II, Ed. D.)