

CHANUTE CHRISTIAN ACADEMY EVENT REQUEST FORM

Date:	
Contact person/coordinator of event:	
Phone number:	
Email:	
	submit this form to Jill Daugharthy in the office. ed 30 days prior to the event date.
Event name:	ou so days prior to the event date.
Event description:	
Event date(s):	Approx. Attendance:
Start time:	End time:
Set up time needed:	Clean up time needed:
Target audience: *e.g. school wide, specific grade etc.	
engersters water, aparty of an entitle	1
Rooms requested: *select all that apply	Equipment requested: *select all that apply
□ Gym	☐ Tables: # needed:
☐ Mezzanine	Chairs: # needed:
☐ Classroom(s)☐ Kitchen	☐ PowerPoint/Technology☐ Speaker system
Hallways/Entryway	Piano/musicians
☐ Bathrooms	☐ Microphones: # needed:
☐ Parking lot	☐ Money box
☐ Playground☐ Yard behind school	☐ Trash cans: # needed: Banners/traffic cones/etc. List below ↓
Marketing/Media:	Other details:
*select all that apply	*optional

 ☐ Monthly newsletter ☐ School marquee ☐ Email ☐ Facebook ☐ Website landing page 		
☐ Flyers ☐ Note to be sent home with students		
Please share your heart, vision, or reason behind this event request:		
Thank you for submitting this request and participating in the mission of CCA. CCA is God's school, and we do request that all ideas be brought to Him first, by you, before submitting this form. Please indicate if you have spent time in prayer and listening before submission by checking the box and signing your name beside it.		
Administrator approval:	School board approval: *if applicable	
☐ Approved	☐ Approved	
☐ Denied	Denied	
Signature:	Date:	
Date:		
Reason(s) for acceptance or denial:		