



Scarborough High School 2023-24 Event Request Form

Requestor Name _____

Date Submitted _____
(minimum 15 days prior to event)

Event Sponsor _____

Event Name _____

Brief Description of Event _____

Will there be fundraising? No Yes (submit forms to Ms. Medrano for fund collection)

Event Date _____ Start Time _____ End Time _____

Campus location(s) to be used _____
(example: Auditorium, Multipurpose room, 400's courtyard, gym, cafeteria, etc.)

Event Participants and expected number:

Faculty _____ Students _____ Parents _____ Community _____

Admin needed No Yes (Funding source _____)

Custodial needed No Yes (Funding source _____)

HISD Officer needed No Yes (Funding source _____)

Clerk/Hourly needed No Yes (Funding source _____)

IT personnel needed No Yes (Funding source _____)

List other personnel who will be needed to work the event: _____

Flyer/Poster No Yes Please attach flyer for revision

Admin approval: _____

*Note: Parent/Community volunteers must be VIPS approved prior to the event.