

**2019-2020  
Cabot School  
School Event - Enrichment - Activity - Field Trip  
Request Form**

*Please fill out this form in its entirety for any event you are planning that is beyond your regular classroom routine or will require custodial assistance. **The form should be returned to the office at least 1 month in advance of the event for principal approval.** Thank you.*

**DATE OF ACTIVITY/EVENT:**

**NAME OF ACTIVITY/EVENT:**

Teacher contact: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Location: Cafeteria \_\_\_\_\_ Gym \_\_\_\_\_ Library \_\_\_\_\_ Room # \_\_\_\_\_ Other: \_\_\_\_\_

Number of participants: \_\_\_\_\_

Set-up Requirements: Chairs \_\_\_\_\_ Tables (#) \_\_\_\_\_

Power \_\_\_\_\_ Microphone \_\_\_\_\_

Infocus/laptop \_\_\_\_\_ Other \_\_\_\_\_

Layout of Chairs and Tables/Set up requirements:

Permit Required Yes \_\_\_ No \_\_\_ (Evenings and Weekend) If yes, Application submitted \_\_\_\_\_

Other details/requests:

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Principal Signature

Date

Completed by: \_\_\_\_\_

**Staff notified:**

Café \_\_\_ Learning Center \_\_\_ Custodian \_\_\_ PTO President(s) \_\_\_ Art \_\_\_ Music \_\_\_ Strings \_\_\_ PE \_\_\_ Library \_\_\_ Speech \_\_\_ OT \_\_\_

PT \_\_\_ ELL \_\_\_ Inclusion Facilitator \_\_\_ Reading Specialist \_\_\_ School Psych \_\_\_ Social Worker \_\_\_ Literacy Coach \_\_\_ Math Coach \_\_\_

Team Specialist \_\_\_ BCBA \_\_\_ METCO \_\_\_ Nurse \_\_\_ STRIDE \_\_\_ CASP \_\_\_ CASC \_\_\_ Office \_\_\_