



CALENDAR REQUEST - FACILITIES

Spartanburg Christian Academy

Instructions: Complete ALL information and route to Principal for approval process at least 3 weeks before events or before lunch menus are sent home for the month when lunch is involved. Keep a copy of request. A confirmation will be returned by email when approved.

Today's Date: _____ Contact Person: _____

Date of Event (Weekday & Date): _____ Event/Activity: _____ Start Time: _____ End Time: _____

Grade/Class/Group: _____ Set-Up for Event: Start Time: _____ End Time: _____

Event/Activity: _____

Location(s): _____

If reoccurring event or multiple locations associated with one event, list days, times and locations below or attach separate instructions:

Total No. of participants: _____

Are parents invited to attend: ☐ Yes ☐ No

Set-Up Requests (Attach set-up diagram separately if necessary)

☐ Chairs Only No. _____

☐ No. of round tables _____

No. of chairs at each table (8 or 10) _____

☐ No. of rectangle tables (8') _____

☐ Sanctuary stage (Under no circumstances should anything be moved on the stage or choir loft area without consulting Traci Arledge)

Need chairs and podium removed only ☐ Yes ☐ No

☐ Fellowship Hall stage No. of sections needed _____

Notes: _____

Sound & Media Needs Please contact Traci Arledge to coordinate media needs.

☐ Microphones No. needed _____

☐ TV/DVD ☐ TV/VCR ☐ Use of Computer with Projector

Other Media

Needs: _____

Food Served ☐ Yes ☐ No

☐ Food provided by parents – no cost

☐ Eating school lunch

☐ Holmes Catering

For catering: Must get a quote from Tim Holmes (tholmes@fbns.org) and turn in a purchase request for approval prior to submitting this form.

List any costs covered by SCA: _____

Notes: _____

FOR OFFICE USE ONLY

☐ **Principal**

Signature: _____

Date: _____

____ Approved

____ Denied _____

☐ **Administrative Coordinator (Wendy Bowen)**

____ EMS Webquest submitted

____ FBNS Staff approval _____

____ Confirmation sent to Teacher

____ Location: _____

____ Posted on SCA Master Outlook

____ Copy filed, route original if costs incurred

☐ **Financial Secretary (Carla Ilund)**

Costs: _____

____ Money Received

Signature _____

Date _____

____ Receipt returned