



Special Event/Special Project Request

Center: _____ Date & Time of Event: _____

Project/Special Event Description: (activities planned, attendees, guest speakers/performers, etc.)

Place of Event: (If using non-licensed space must get field trip forms signed by parents)

Purpose: (celebration, parent engagement, learning experience)

Other important information: (food served, equipment needed, staff schedule adjustments)

***Please email to Centers' manager/Assistant Centers' Manager at least two weeks ahead of time for review**

Center Supervisor _____ Date: _____

Manager Approval _____ Date: _____