

**South Gibson County High School
School Calendar Information Form**

Name of Event/Activity: _____

Location of Event/Activity: _____

Date/s of Event/Activity: _____

Time of Event/Activity: _____

If you have several events/activities of the same type (games, matches, contests, meetings, etc.), please attach a copy of the information to this form.

Signature of Person Making Request

Date of Request

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For Office Use Only

Received By: _____

Date Received: _____

Approved By: _____

Date Recorded on SGCHS Master Calendar: _____

This form should be submitted to Mrs. Goode in the office. Mrs. Goode will record the approved information on the school's Master Calendar.