Request to Host an Event at Piedmont Community Project 2025-26

Today's Date: _____

The Date of the Event: _____

Back up date (2nd choice date) _____

Your Name: _____

Your supervisor's name: _____

Other group members (if applicable):

_____

Describe your event and how it will impact our community.

_____

_____

_____

Where at Piedmont will this event take place

_____

Signatures required below
Parent signature _____
Supervisor _____
Coach Tomzak (if using the field or gym) _____
Ms. Notte (if using the auditorium) _____
Administrator that will be on duty if it is an after school event
_____

I understand that it is my responsibility to work with my supervisor to organize an event on school grounds. The paperwork should be submitted to Mrs. Thornburg 2 weeks prior to the event with all required signatures. All events will be added to our master calendar.

EVENT is approved: YES NO date: _____