



PTG Event Planning Form

Please submit to Principal Pampena for approval at least two weeks prior to event.

Name of Event and Classroom (if applicable): _____

Name of Person Submitting: _____

Committee Chair or HRC responsible: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____

Approved Budget: _____ Estimated Budget: _____

Other Committees Involved: _____ Staff/ Facility Involvement: _____

Please provide a detailed description of the event:

For PTG Use:

Date Submitted:	Approved By :	Signature:	Date Approved: