

PEP EVENT REQUEST FORM

Name: _____

PEP Teacher or Advisor: _____

Explorations Topic/Product:

Event Title:

Date(s) & Time(s):

**Date/Times have been checked with School Secretary: _____ (check off when completed)*

Location:

Supervisor(s) of Event:

(Include a link of adult sign-up sheet)

Materials needed:

Consider your advertizing:

Will you use...

Flyers:

Announcements:

Emails/ invitations:

Permission slips:

(Be sure to have a PEP teacher or advisor approve any of the above before distributing)

Other students involved:

(Have permission slips been collected from them?)

Steps that still need to be taken:

PEP Teacher Signature: _____

Principal's Signature: _____