



CULTURAL CLASS REQUEST

CULTURAL EVENTS- A DIVISION OF CULTURAL SERVICES

REQUESTS ARE FOR GROUPS OF TEN OR MORE

Date Request Received: _____ Taken by: _____

Requestor/Contact Info: _____

Event details/description of request: _____

Location _____ **Time** _____

Requested Event Date: _____ **Class Size:** _____ **Age Group:** _____

Event Type:

___ **Demo:** Stickball Weaponry Social Dance

___ **Make & Take Class:** Beading Basketry Cornhusk Pottery

___ **Other:** _____

Note: This is only a request form and does NOT serve as a confirmation. Upon approval, cultural events will be in contact

CONFIRMATION & ASSIGNMENT

Confirmed/Call Back by: _____ Date & Time: _____

Staff Assigned and Duties: _____

Event Lead: _____ Approved by: _____

SHARED CALENDAR NOTIFICATION

Entered on Calendar: Yes No Invite emailed to assigned staff: Yes No

By: _____ Date: _____

FOLLOW UP BEFORE THE EVENT

Supplies packed by: _____ Date: _____

Follow-up Call Before Event by _____ Date: _____