



Public Health Management Corporation
Special Events Approval Form (Middle and High School Only)

Agency Name: \_\_\_\_\_
Site Name: \_\_\_\_\_
Model: \_\_\_\_\_
Current Site Address: \_\_\_\_\_
(building or school name) (street, city, state, zip)

Special Event Request:

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_ to \_\_\_\_\_
Type of Event: \_\_\_\_\_

Please provide a brief description of the special event and explain how the proposed activity will support the program's current project-based learning plan or the program's mission. Additionally, please submit the program's project-based learning form that demonstrates a link to the special event activity. NOTE: Only the hours for which the program has documented attendance data may be entered into PCAPS.

- Recommended by Program Specialist
Reason: \_\_\_\_\_
Not Recommended by Program Specialist
Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_
Agency Authorized Representative

PHMC Not Approved Approved: \_\_\_\_\_
Program Specialist Signature, Print Name, Date

Monitor Supervisor Signature, Print Name, Date

Operations Manager Signature, Print Name, Date