

Artrageous Event Request Form

Campus: _____

Teacher: _____

Subject & Grade Level: _____

Event or Request: _____

Estimated Cost: _____

Date (if known): _____

Number of Students Benefitting: _____

Additional Notes: _____

*Please attach any additional information to this form. Return to msmeltzer@shisd.net or to
Meredith Smeltzer at the Administration Office.