



Bakersfield City School District
Education Center- 1300 Baker Street
Bakersfield, CA 93305

Communications
BCSD Event Request Form

Please submit **thirty days** in advance to Communications@bcsd.com.

BCSD Event Request

Name of Event: _____ Date of event: _____

Location: _____ Time: From _____ To _____

Topic: _____

Target Audience: Students Parents General Public School Staff District Staff

Will there be guest speakers? No Yes

If yes, list name(s)/association(s):

Will you be requesting the following from the Communications Department:

Video Photos Website Story Translation Media coverage

Will you be requesting the attendance of the following from the Office of the Superintendent:

Superintendent Board of Education BCSD Administration

Requestor

Person Requesting (Print): _____ Date: _____

Position/Title: _____ Phone/Extension: _____

APPROVAL:

Approved: Public Information & Communications Manager

Date