



# BCSD Virtual Event/Guest Request Form

Please submit **14 DAYS** in advance to [millst@bcsd.com](mailto:millst@bcsd.com)

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

## Event/Guest Request

Name of Event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Class/School: \_\_\_\_\_ 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 there be non-BCSD guests? \*  No  Yes

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

\*Please note guests who are not speakers are not permitted at this time

Will there be any performances by:  Students  Outside Guests

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Are you requesting the following from the Communications Department:

Video  Photo  Website Story  Translation  Media coverage

*\*A request does not guarantee approval.*

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

Superintendent  Board of Education  BCSD Administration

*\*Upon event approval, invitations to administrators must be sent directly to their respective offices*

## Requestor

Person Requesting (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone/Extension: \_\_\_\_\_

Principal or Department Head (signature): \_\_\_\_\_

## APPROVAL:

\_\_\_\_\_  
Approved: Public Information Officer

\_\_\_\_\_  
Date

For more information on event request protocols, visit [bcsd.com/communications](http://bcsd.com/communications)