



ACTIVITY REQUEST FORM

All school-related activities **MUST BE APPROVED** for inclusion on the Master Calendar by formal submittal of request, using this form. All student fundraising activities must also be processed through the A.S.B. cabinet prior to submission to administration. This form and any related attachments should be submitted to the A.S.B.-Room 801 for processing. This form shall be submitted a **MINIMUM OF TWO WEEKS BEFORE THE PROPOSED ACTIVITY.**

Date Submitted: _____ / _____ / _____

PART 1-ACTIVITY INFORMATION (To be completed by initiator)

1. Organization _____

2. Description of Activity _____

3. Date of Activity (Before selecting your date please check for availability)

Date(s): From: _____ To: _____ Day(s) of the week: _____

Time(s): From: _____ To: _____ Set-up Time: _____

4. Fundraiser? Yes _____ No _____ (Please make sure to submit a fundraiser request form to the A.S.B.)

5. *Equipment and Service(s) (description & quantity)

Chairs _____ Tables _____ Sound _____ Other _____

*Attach proposed set-up. Work directly with Tech Coordinators/Network Systems and/or Arts Coordinator on lighting and sound needs

6. Location

Please state location on campus where you would like this activity; use of facility; and clean up after event:

7. Activity Sponsor (Staff or Faculty)

Declaration: I am responsible for and will supervise this activity; use of facility; and clean up after event.

Name: _____ Signature: _____ Phone: _____

(Cell number preferred)

PART 2-APPROVALS AND PROCESSING

(To be completed by A.S.B & Advisor, with final approval by the Principals.)

1. A.S.B. Board
A.S.B. Secretary: _____

2. A.S.B. Advisor (name): _____ Signature: _____

3. Executive Principal
Approved _____ Disapproved _____

Comments: _____

NOTE: After approvals and processing, copies of this document will be returned to the Activity Sponsor for final arrangements.