**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.