

# ACTIVITY REQUEST FORM

Organization \_\_\_\_\_ Date Submitted \_\_\_\_\_

Type of activity requested \_\_\_\_\_

Hours Desired \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

School Equipment Requested \_\_\_\_\_

Clean-Up Chairman \_\_\_\_\_

Class/Club Minutes MUST be attached regarding this activity. Yes it is attached \_\_\_\_\_ No it is not \_\_\_\_\_

DJ or Band Secured Yes \_\_\_\_\_ No \_\_\_\_\_ Cash Box Requested Yes \_\_\_\_\_ No \_\_\_\_\_

**IF fund raiser – complete reversed side.**

**IF dance, chaperones and school staff supervisors forms must be completed signed and attached.**

\_\_\_\_\_  
**Name of chaperone/staff member**

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
**Name of chaperone/staff member**

\_\_\_\_\_  
**Name of chaperone/staff member**

asb asb

REQUEST GRANTED Yes \_\_\_\_\_ No \_\_\_\_\_

**REASON:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Class/Club President Date

\_\_\_\_\_  
Class Advisor Date

\_\_\_\_\_  
ASB Social Chairman Date

\_\_\_\_\_  
ASB Advisor Date

\_\_\_\_\_  
ASB President Date

\_\_\_\_\_  
Principal Date

Activity slip must be turned into the Social Chairman for approval by ASB council. Make sure you have the slip turned in at least two weeks before you want the event and in time for the ASB to approve it.