

ACTIVITY REQUEST FORM

(not for fund raising activities)

Activity form to be completed and submitted for approval five days prior to the scheduled event

TEACHER/STAFF MEMBER MAKING REQUEST: _____

TODAY'S DATE: _____

DATE OF ACTIVITY: _____

TIME OF ACTIVITY: _____

PLACE OF ACTIVITY: _____

NATURE OF ACTIVITY: _____

GUEST INCLUDED: _____ YES _____ NO

CLUB/PROGRAM ADVISOR: _____

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DATE APPROVED: _____

Principal Signature of Approval