

Activity/Facility Request Form

All Activity/ Facility requests must be turned in 2 weeks
Before the requested activity

This activity will be run through:

ASB

Supporters

Date Submitted to Student Services:

Person/Group Requesting Activity:

Advisor Approval:

Contact Phone Number:

Description of Activity:

Date(s) of Activity:

Activity Start & End Time:

- Set-Up Time:
- Clean-Up Time:

Location/Facility of Activity

- Football/Track
- Large Gym
- Small Gym
- Leadership
- Library
- Library Conference Room (MM4)
- Little Theater
- Quad
- Science Staff Room
- Student Union
- Other

Purpose of Activity

- Community Service
- Fundraiser
- School Spirit
- Sport
- Staff Event
- Administrative
- Other

Custodial Needed Yes

No

Administrator Approval:

Athletic Director Approval:

ASB Approval:

Denied:

Date:

Date: _____

Date:

Date: