

ASB REQUEST FOR ACTIVITY
UNIVERSITY PREPARATORY SCHOOL

DATE SUBMITTED TO ASB: _____ ADMINISTRATION: _____

ACTIVITY PLANNED: _____

DATE/TIME OF PLANNED ACTIVITY (CHOICES)

1. _____ 2. _____

CLUB OR GROUP SPONSORING ACTIVITY: _____

NUMBER OF CHAPERONES NEEDED (Please attach list of chaperones names): _____

CUSTODIAL SERVICES REQUESTED: YES NO APPROVED BY: _____

FACILITIES TO BE NEEDED (please specify area to be used, dates and times): _____

FISCAL IMPACT: _____

BUDGET ATTACHED: YES NO

CLUB/GROUP OFFICER

CLUB/GROUP ADVISOR

ASB/OFFICE USE ONLY

APPROVED: YES NO DATE: _____

IF DISAPPROVED PLEASE STATE REASON: _____

Approval for Date: _____ Jolie Calderon _____

ASB OFFICER

ASB ADVISOR

ADMINISTRATION

MINUTES ATTACHED: YES NO ON CALENDAR: YES NO

ASB/ACTIVITIES REPRESENTATIVE:

AFTER APPROVAL A COPY OF THIS FORM WILL BE FORWARDED TO ALL CONCERNED INDIVIDUALS OR SERVICE PROVIDERS