

School Name: _____

School Activity Request /Parent Support/ Booster Split

Activity Date(s): _____ Activity Time: _____ Todays Date: _____

Must submit at least 10 school days prior to requested activity date

Group Name: _____ Account # _____

Activity Name or Title: _____

Location of Activity: _____

Sponsor Name: _____ Sponsor Signature: _____

Group President Name: _____ Group President Signature: _____

Will sponsor be at event: Yes No If no, who will be there: _____

Facility Use Form submitted: Yes No Banquet Form: Yes No

(Required for before/after school, night or weekend hours)

Description of Activity: (Please describe in detail)

Explain split percentage of split if not a 50 /50 split (be sure to fill in split information below for all splits):

% of profit to School Group: _____ Name / Account # of School Group: _____

% of profit to Parent Group: _____ Name of Parent Group: _____

Booster Contact Name / Address / Phone:

Is this a Fundraiser: Yes No Meeting Minutes attached? (Required for Fundraisers): Yes No

Be sure the split is in the meeting minutes.

STUDENT COUNCIL: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Signature _____ Date _____	PRINCIPAL: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Signature _____ Date _____	ASSISTANT SUPERINTENDENT: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Signature _____ Date _____
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