



**ESTANCIA HIGH SCHOOL
MASTER CALENDAR and FUNDRAISING REQUEST FORM**

Club/Team: _____ Advisor: _____ Date: / /20__

Preferred event date: _____ Alternate: _____

Type of Event: Dance: _____ Drama Production: _____

Concert: _____ Assembly: _____

Meeting/Forum: _____ Other: _____

Time of Event: _____ **Set-Up Time:** _____ a.m./p.m. **To:** _____ a.m./p.m.

Facilities Requested*: _____

***Request and Application for Use of School Facilities form must be completed for events taking place after school hours.**

Details of Event: Admission prices, who's involved, invited, purpose, etc. _____

****If the event is a fundraiser a Purchase Pre-approval Form and Revenue Potential Form need to be completed.**

Advisor's Signature: _____ Club Officer's Signature: _____

NO EVENT MAY TAKE PLACE UNLESS ALL PAPERWORK HAS BEEN SUBMITTED AND APPROVED.

ASB Commission Use Only

Approved by ASB Commission: _____ Yes _____ No* Date: _____

Activities Office Approval: _____ Yes _____ No* Date: _____

*Reason for Rejection: _____

ASB Representative: _____ Activities Director: _____

Forms Submitted: Revenue Potential _____ Purchase Pre-approval _____ Use of Facilities _____

Revenue Potential Form Completed: _____ Date: _____