

**ASSOCIATED STUDENT BODY  
COSTA MESA HIGH SCHOOL/MIDDLE SCHOOL**

**EVENT INFORMATION**

**ORGANIZATION:** \_\_\_\_\_

**ADVISOR:** \_\_\_\_\_ **NUMBER of SPACES** \_\_\_\_\_

**EVENT:** \_\_\_\_\_ **COST:** \_\_\_\_\_

**DATES TO SELL:** Sales will be for 1 week only

**START:** \_\_\_\_\_ **END:** \_\_\_\_\_

*IT IS AGREED THE SALES FOR ABOVE EVENT WILL RUN FOR ONLY THE DATES RECORDED*

**SELLING AT BOX OFFICE:** YES or NO

If **YES**, the money box will need to be picked up by **2:00 p.m.** on the day of the event.

If providing **Complimentary Tickets** the list must be turned in when picking up the money box

**Ticket Seller:** \_\_\_\_\_ **Selling Time: Start** \_\_\_\_\_ **End** \_\_\_\_\_

**Administrator Responsible for Money Box at Close of Ticket Sales:** \_\_\_\_\_

**PLEASE ATTACH A COPY OF EVENT INFORMATION**

**ASB OFFICE APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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