



Mt. Whitney High School Activity / Facility Request Form

Note: Submit paperwork 30 days in advance of the Requested Activity / Facility use date

CLUB/GROUP:
ADVISOR NAME:
CONTACT PERSON (if different):
PHONE NUMBER:
ACTIVITY/EVENT:
DETAILED DESCRIPTION:
FACILITY (room/location) NEEDED:
If requesting CAFETERIA, use Kitchen? Yes ☐ OR No ☐
DATE(s)/DAY(s): TIMES:
PROJECTED COST: \$ ACCT. #:
Will Advisor/Contact Person OPEN/CLOSE the Facility requested? Yes ☐ OR No ☐
<u>ADDITIONAL INFO.</u> <i>(include ALL special needs here, i.e., restroom access, projector):</i>

For Office Use Only:

Date Submitted:

Calendar Check - A/F Secretary Yes [] No []

Notes:

ADMIN. DECISION: Approved [] Denied [] Date:

Notes: