

# ACTIVITIES REQUEST FORM

Must be turned in at least two weeks before event - see back for details

ADMIN SUPERVISION REQUIRED \_\_\_\_\_ ATHLETIC COMPLEX USE \_\_\_\_\_

Date submitted: \_\_\_\_\_ Sponsoring organization: \_\_\_\_\_

Student in charge: \_\_\_\_\_ Signature of Advisor: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email address: \_\_\_\_\_

Activity title: \_\_\_\_\_

Purpose/description of activity: \_\_\_\_\_

Website description: \_\_\_\_\_

Daily Gram Announcement- YES \_\_\_ NO \_\_\_ if yes, message in 25 words or less: \_\_\_\_\_

Flyer attached for approval - YES \_\_\_ NO \_\_\_ Attach flyer to Activities Request Form for approval. Email flyers to [lhsactivities@lvjUSD.org](mailto:lhsactivities@lvjUSD.org). Flyers **cannot be distributed until approved by the administrator in charge.**

Do you wish to have the date/time and location listed on the Marquee if possible? YES \_\_\_ NO \_\_\_

Event Date(s): \_\_\_\_\_

Set up time: \_\_\_\_\_ Event start time: \_\_\_\_\_

Event end time: \_\_\_\_\_ Clean up time: \_\_\_\_\_

Location: \_\_\_ Student Union \_\_\_ Gym (*Specify location in notes*) \_\_\_ Theatre \_\_\_ Wellness Center

\_\_\_ Amphitheater \_\_\_ Science Quad \_\_\_ Quad

\_\_\_ Other: \_\_\_\_\_

Special needs/equipment needed: \_\_\_\_\_

Custodial Needs: \_\_\_\_\_

Purpose of Activity: \_\_\_ Administrative \_\_\_ Community Service \_\_\_ Educational \_\_\_ Staff  
\_\_\_ School Spirit \_\_\_ Sports \_\_\_ Fundraiser (Needs ASB Approval)

**For fundraiser, where will money be deposited?** ASB \_\_\_ Boosters \_\_\_ PTSA \_\_\_ Other \_\_\_\_\_

Date received: \_\_\_\_\_ Date placed on calendar: \_\_\_\_\_

ASB Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Approval: \_\_\_\_\_

Reason denied: \_\_\_\_\_