

NORTH MONTEREY COUNTY HIGH SCHOOL

Activity Request Approval Form

For Placement on the Master Calendar and Facilitron

THIS APPLICATION MUST BE APPROVED AT LEAST ONE MONTH PRIOR TO THE EVENT.

NOTE: This application must be complete for it to be considered. If it isn't complete, then it will be returned to the advisor/coach. APPROVAL OF THIS APPLICATION DOES NOT GRANT PERMISSION TO PURCHASE MERCHANDISE. YOU MUST TURN IN A PURCHASE ORDER AND A FUNDRAISING APPROVAL FORM (IF NEEDED) AND BOTH MUST BE APPROVED BEFORE ANY PURCHASES ARE MADE. Forms must be turned into Lori Lowensen in room 2 (not her mailbox) by 3:30 on Friday to be placed on the agenda for approval at the Tuesday ASB Formal Meeting. All activities must be pre-approved by ASB and signed off by the Activities Director, Athletic Director (if a sport) and the School Administrator.

Club/Organization: _____ Advisor: _____

Date form completed: _____ (attach meeting notes where activity was discussed/approved)

Please Briefly Describe the Activity: _____

The Purpose of Activity is to: _____

Date of Activity: _____ Time of Activity: _____

Location (circle one): Forum Gym Front of School Athletic Field Other: Where? _____

Set up instructions for custodial staff: _____

_____ Or....mark here if club will do all set up _____

Expected # of attendees: _____ Are you charging for the event? yes or no

Do you need to use the kitchen? yes or no Do you require use of the parking lot for the event? yes or no

Please list any item and the cost your club will incur to put on this activity, and how you plan to pay for the cost of these items (for example flyers, paint, rental fees, etc - use the back if you need more room):

ITEM	COST	HOW IT WILL BE PAID FOR
_____	_____	_____
_____	_____	_____

Club Advisor: _____ Date: _____

Club Representative: _____ Date: _____

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APPROVAL

FOR ASB USE ONLY:

Date Received: _____

Approved: Yes No Date: _____ (must be in ASB meeting minutes)

If rejected, reason: _____

Commissioner of Clubs and Fundraising: _____ Date: _____

ASB President: _____ Date: _____

Activities Director: _____ Date: _____

Athletic Director (if a sport): _____ Date: _____

School Administrator: _____ Date: _____

Date Activities Director emailed approval to Club Advisor (initial): _____

Date Activities Director placed event on School Calendar and in Facilitron (initial): _____