

ACTIVITY/FACILITY REQUEST FORM

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

Date submitted: _____ Sponsoring organization: _____

Person in charge: _____ Name & Signature of Advisor: _____

Contact number: _____ Email address: _____

Activity title: _____

Purpose/description of activity: _____

Website description: _____

Daily Announcement - Y/N (Circle one) If yes, message in 25 words or less: (Please Email – jdahl@summbears.net)

Flier attached for approval - Y / N (Circle one) Attach flier to Activities Request Form for approval. **Fliers cannot be distributed until approved by an administrator.**

Do you wish to have the date/time and location listed on the Marquee if possible? Y / N (Circle one) Event

Date(s): _____

Set up time: _____ Event start time: _____ Event end time: _____ Clean up time: _____

Custodial : _____ Restrooms _____ Serving Food/Beverages _____ Weekend/Holiday/Summer _____

Estimated Attendance: _____

Location: _____ Cafeteria _____ Main Gym _____ Small Gym _____ Theater _____ Library _____ Quad

Other: _____

Special needs/equipment needed (Tables, chairs, microphones, sound systems, technology needs, etc.): _____

Purpose of Activity: _____ Administrative _____ Community Service _____ Educational _____ Staff _____ School Spirit

_____ Sports _____ Fundraiser (Needs ASB Approval) For fundraiser, where will money be deposited? ASB _____

Boosters _____ CAST _____ Other _____

Date received: _____ Date placed on calendar: _____

ASB Approval (if needed): _____ Date: _____

Administrative Approval: _____

Reason denied: _____