



AHS REQUEST FOR APPROVAL: ACTIVITY

This form must be completed thoroughly and returned to Business & Activities Office

Club/Organization: _____

Proposed Activity: _____

Purpose: _____

Proposed Date(s) of Event: _____

If applicable: Sound System request: _____ Facilities Request: _____

Location: _____

Student Contact Name: _____ 4th period teacher/room: _____

Budget for Activity Expenses Attached and Completed: _____

Name of Club President: _____ Signature of Club President: _____

Name of Club Advisor: _____ Signature of Club Advisor: _____

Discussed on ASB Meeting Date: _____

Approval Date: _____

Approved Activity Date(s): _____

ASB Vice President: _____ ASB President: _____

AP Business & Activities: _____ ASB Advisor: _____

ASB did NOT approve your request. (Sent back on _____)

Comments: _____