ACTIVITY REQUEST FORM

- Submit completed request NO LESS THAN 3 WEEKS PRIOR TO DATE NEEDED.
- Fundraising activities must be approved by Herman Acosta, Financial Clerk & Maria Contreras, ASB President FIRST.
- Submit to Eileen Reynolds Murillo ereynolds-murillo@sandi.net 619.344.4525

Today’s Date: __________________________

1. Staff: ___________________________ Organization Name: __________________________
   Staff Sponsor – Phone Number_________________ Email __________________________

2. Event Name: __________________________

3. Date of Activity: __________________________ Day of week: __________________________
   Start Time:_________________ End Time:_________________ SET UP TIME: __________________________

4. Location: Auditorium (Aud. Faculty Initials:______)
   Big Gym or Small Gym (Athletic Director Initials:______)
   MPR:______ Room 401(in library):______ Room 408:______ Library back area________
   Room 1103:______ Mini Theater:________ Other:________________________

5. Equipment Required: How many chairs:______ How many tables: __________________
   Roll-around lectern w/microphone: ____________ Overhead projector: ____________
   Promethean Board: __________ Screen: __________ Other: __________________________
   Podium w/microphone:____________________

6. Fundraiser: no [ ] yes [ ] If YES must see Financial clerk for procedures, forms & initials:______
   ALSO NEED PRINCIPAL APPROVAL

7. Finance: Estimated cost: $ __________ Source of Funds: __________________________

8. Description of Activity (circle one): Academic Event Athletic Event
   Class Asgmt./Project Clubs/Organization Student Event
   Parent/Student Event Parent Group Performance Staff Mtg.
   Community Event Testing Prof. Development
   Other: __________________________

   Is Admin. Supervision required? Who? __________________________

10. Declaration: I am responsible for and will supervise this activity, use of facility, and clean
    up after event.
    Staff/Faculty Sponsor __________________________ Phone # __________________________

Signature

Date:_________ A.S.B Student President Approval: yes [ ] Denied [ ]

Date:_________ A.S.B Staff Advisor Approval: yes [ ] Denied [ ]

Date:_________ Principal Approval: yes [ ] Denied [ ]

Notify: IT (Cerna)__________ Custodial (Shefcik)__________ Athletic Director (Granfield)____
Auditorium (Hue)______________ Other __________________________

Event/C________________ Email confirmation to requestor:________________

11/5/2015 1:34 PM