



Activity Request Form

(must be submitted **2 weeks** prior to the date of the proposed activity, with a minimum of 1 male & 1 female chaperone)

Proposed activity: _____

Date of activity: _____

Time activity begins: _____ Time activity ends: _____

Student coordinator(s): _____

Cost to participate: \$ _____

Proceeds will be deposited as follows: Junior account = _____ % of net proceeds

Senior account = _____ % of net proceeds

Additional details (to include suppliers of AV equipment, DJ's, food, materials, etc.): _____

Faculty chaperones (have faculty sign if they are available):

Time chaperones are needed: _____

Mr. Barys: _____

Mrs. Burke: _____

Mr. Ellis: _____

Ms. Lang: _____

Mr. Ludt: _____

Dr. Sumner: _____

Mr. Tokaya: _____

Mrs. Wildfong: _____

APPROVED	NOT APPROVED
Signature: _____	
Dr. Traver	
Date received: _____	
Date approved: _____	