



Activity Request Form



All request must be submitted at least 10 days before event.

Activity

Event

Field Trip

Fundraiser

Meeting

Name of Event/Activity:	Date: _____ to _____
	Days of Week: S M T W Th F S
Name of Group/Club/Class/Organization:	Start Time: _____ End Time: _____
	Class Periods: 0 1 2 3 4 L 5 6 7
Contact Person:	Daytime: _____ Cell: _____
Email:	Signature: _____

Field Trip Request

Fundraising Request

How many attending? Staff: _____ Parents: _____ Students: _____	Please include copy of Approved Request for Fundraising form
Destination:	Marketing?
Transportation: Carpool Walk Bus <input type="checkbox"/> <small>Please include bus request form</small>	Sales?
Who will cover cost? Parent/Student School <input type="checkbox"/> <small>(If School, and a check is needed, please complete check request form)</small>	Distribution?
Cost? \$ _____ \$ turned into: Teacher Office	

Event/Intent To Use Facility

Ex. Off Campus activities (Dances, banquets, etc.)

Who will be attending?	
Location:	Chaperones:
Who will cover cost? Parent/Student School <input type="checkbox"/> <small>(If School, and a check is needed, please complete check request form)</small>	
Cost? \$ _____ \$ turned into: Teacher Office	

Facility Areas Requested

Circle all that apply

Gym	Weight Room	Library	Art Room	Music room	Classroom(s)	Sec. Hall	MS Baseball	HS Baseball	Front Lawn	Other:
Stage	Lobby	MPR	Band Room	Science Room		Elem. Hall	Softball	Football	Front Porch	
Locker Rooms: Boys Girls	Meeting Room	Kitchen	Extended Care	Chemistry Lab		Parking Lot	Playgrounds: South West	North Lawn		

Equipment Requested

Circle all that apply

Tables	Chairs	Other:	TV / DVD	Choir Mic	Sound System		Other:	Compressor	Truck
Long	Round		Projector	Wireless Mic	Gym	Full		RTV	Canopy: Quantity?
North Bleachers	Floor Covering		Computer	Mic	Portable	Semi-Portable		Trailer: Enclosed	Utility
	South Bleachers		Risers	Screen	Stairs	Podium			

Set-up Logistics

Set-Up Date: / / Set-Up Time: _____	Tear Down Date: / / Tear Down Time: _____
Please briefly explain the set up plan (volunteers, LCS personnel or resources needed, etc) Attach additional information if necessary.	Please briefly explain the set up plan (volunteers, LCS personnel or resources needed, etc) Attach additional information if necessary.

Office Use Only

Principal: _____ Approved _____ Denied _____ Date: ___/___/___
Athletic Director: _____ Approved _____ Denied _____ Date: ___/___/___
Entered on Event Center: _____ Approved Email sent: _____ Digital Copy made: _____ Copy sent to Maintenance: _____ Copy sent to IT: _____
Notes:
Rental Fee: \$ _____
Security Service Charge: \$ _____
Damage Deposit: \$ _____
Total Amount Due \$ _____