



2023-2024

ACTIVITY REQUEST FORM

Check Master Calendar Prior to Submitting Request
ALL REQUEST MUST BE SUBMITTED 3 WEEKS PRIOR TO THE EVENT.

Request Must be Approved Prior to Promoting Activity

All blue text are links to documents/webpages.

SECTION I

Name of Activity / Date & Time:

Club/Organization

Sponsor's Name

Sponsor's Signature

Will sponsor need coverage? [] No [] Yes

If sponsor needs coverage, submit coverage plan with this request form.
If a substitute is needed, submit completed forms FM 5949 and FM 7433. Upon Activity being approved, Activities Director will submit forms to Ms. Buttacavoli for processing.

Links to required forms: Application for Short Term Leave - FM 5949.pdf and Temporary Duty Request - FM 7433.pdf

SECTION II: All dates during school hours must be cleared by Ms. Marmolejos. SECURE ALL NECESSARY SIGNATURES before submitting form.

[] ASSEMBLY: Time(s)

[] CONCERT: Time(s)

[] FAIR/EXPO: Time(s)

[] FUNDRAISING
Complete and attached signed Application for Fundraising Activity and, if applicable, Region Office Approval For Fund-Raising Activity (Community Sales)

[] Guest Speaker - Name Volunteer # (guest speaker is only presenting 1 (one) time, presenter must only sign in upon entrance to the building. More than one presentation requires Volunteer Status Level 1.

[] IN-HOUSE FIELD TRIP - attach In-House Field Trip packet.

[] AFTERSCHOOL PERFORMANCE: Secure signature of Assistant Principal that will stay for activity.

AP Name AP Signature:

[] WEEKEND EVENT:
Other

If applicable:
Secure signature of Assistant Principal that will stay for activity and indicate if your will need access to the building on a weekend.

Assistant Principal Name Assistant Principal:

Date: Weekend Dates & Times

Objective of Activity

Description of Activity (be detailed and specific; attach explanation of logistics on how activity will be executed)

Posters/Banners for approval with Request Form

SECTION III

Location of Activity: *Please check for availability and SECURE NECESSARY SIGNATURES.
All reservations are temporary until activity is approved by administration.*

Auditorium

_____, Ms. Loffredo
Rehearsal Date(s), (If applicable) _____

Cafeteria

_____, Ms. Bailey
Date(s) Available Yes No

Gym

_____, Mr. Botto
Date(s) Available Yes No

Request for Equipment submitted Yes No

_____, Mr. McNamee

Library _____, Mr. Tirado

Other _____

It is the responsibility of the sponsor of this activity to confirm details with staff involved (i.e. custodians, stage crew, security, etc.)

Production meeting with Mr. McNamee or Mr. Tirado (2) weeks prior to the event is REQUIRED. No production meeting will result in cancellation of event.

OFFICE USE ONLY

APPROVED NOT APPROVED

Activities Director

Administration

Date on Master Calendar