## SPECIAL ACTIVITY REQUEST

NAME OF ORGANIZATION:	
TYPE OF EVENT:	
PURPOSE OF EVENT:	
LOCATION:	
DATES:TIME:	
ADMISSION CHARGE:MOD	DE OF DRESS:
GRADE(S) PARTICIPATING: PER	RIODS MISSED
OPEN OR CLOSED TO "OUT OF SCHOOL" PERSONS?	?
CHAPERONES:	
REHEARSALS NEEDED? TRANSPORTATION	ON ARRANGEMENT?
PREPARATION CHECKLIST (FOR ACTIVITIES IN THE S  1. Equipment Requisitioned 2. Decorations Arranged 3. Tickets Printed 4. Refreshments 5. Security 6. Clean up Committee Appointed	SCHOOL BUILDING OR GROUNDS)  MEMBERS OF CLEAN UP COMMITTEE:
TEACHER IN CHARGE: /s/	
SUBMITTED FOR APPROVAL:	
/s/Student Activities Director	Date
/s/Bookkeeper	Date
/s/	
Principal	Date
Complete, make a copy and distribute as follows: Original - Bookkeeper 1st Copy - Student Activities	2nd Copy - Sponsor