

ACTIVITY APPROVAL FORM (Must be approved NINETY DAYS before the event or approved by the principal)

Request for Pre-approval of Activity:

Current Date: _____

Group: _____

Proposed Activity Name: _____

Activity Description: _____

Activity Date: Begins _____ Ends _____

Is Travel Required: NO YES If yes, follow policies 2320, 3300, 8131 and/or 8132

Coach/Advisor: _____ Date: _____

ASB Student Treasurer: _____ Date: _____

ASB Advisor: _____ Date: _____

After receiving the above signatures this form shall go to the building administration for final approval.

Administration Approval: _____ Date: _____