



ASB Activity Request Form

The ASB Executive Council must approve all activities of all clubs, classes, and organizations within the ASB in advance. To obtain approval for an activity, you must do the following:

- 1. Check with the ASB to see if the date(s) are available. This does not mean you automatically have the date(s). All activities are approved on a first come, first served basis.
- 2. Complete an ASB Activity Request Form; do not leave any spaces blank.

Is the activity and/or use of funds consistent with the mission statement of the group? Are the funds to be raised in this activity (if any) going to be used for scholarships?

Reason for Denial (if applicable)

Which group has the greatest financial need?

Coin toss

- 3. Turn in this for the to ASB office prior to the ASB meeting. Have a representative from you student group attend the regular ASB Executive Council meeting if you would like immediate feedback.

4. If the activity is approved, advisors should	refer to the teacher's handbook for a	written summary of ASB policies.
Current Date:	Special Activity	Fundraiser
Club/Class/Organization Name:		
Dates/Times requested for activity:		
Activity Location:		
Description of Activity:		
How funds raised (if any) will be used:		
# of students participating in the activity: _		
 Dance – in cafeteria – must attach with this form minutes, and facility use request. 	n, a layout of how you want the cafeteria s	et up, requisition for \$75.00 with club
Car Wash – must attach a requisition for the car	wash permit and a copy of the car wash p	permit to the form.
 Assembly/Activity on campus – must attach faci if during school hours. 	ility request, requisition for \$75.00 with ϵ	lub minutes, list of students participating
NOTE: Requests for activities will not be considered un	itil 90 days prior to the date reques	sted. All request for Activities will
need to be submitted at least 2 weeks prior to fu competing requests of two or more groups for tl		•
order:		
A. Is the form filled out properly?		

ASB OFFICE USE ONLY Approved/Denied on: ______ Date Assigned: _____

Administrator: _____ ASB Representative: _____Activities Director: _____