



SPONSOR'S APPLICATION FOR PERMISSION TO HOLD AN ON-CAMPUS ACTIVITY

NOTICE: *Requests MUST be submitted at least two weeks prior to event.*

Date: _____ Teacher/Sponsor: _____

Number of Students: _____ Group/Class: _____

Description of Activity: (Attach more information if needed)

Instructional Objective(s): (Attach more information if needed)

Date(s): From: _____ To: _____

Time: From: _____ To: _____

Activity Location(s): _____

Equipment/Accommodations:

APPROVAL

ACTIVITIES DIRECTOR: _____ DATE: _____

AP OF FACILITIES: _____ DATE: _____

PRINCIPAL: _____ DATE: _____