



Activity Request Form

Adult leaders & Phone Numbers (There must be at least 2 leaders and a 7 to 1 adult to student ratio):

Type of Activity: _____

Date of Activity: _____

Time of Activity: _____

Place: (circle rooms needed) **Wrshp Cntr / Conf Rm / Stdnt Ctr / Theater / FLG Rm / Off Campus**

Special Set Up: ___ MINI Bus: ___ Sound Tech: ___

Cost per student: _____

___ Liability Release (you need these, check if you have them all)

Type of Transportation that will be Used: _____

Number of students expected: _____

Name and Phone Number of Leader submitting request:

Date Submitted: _____ (Turn in request at least 2 weeks prior to event)

For Office Use Only

Approved by

Date Approved