

East Valley High School Activity Request Form

Activity Information:

Submit your request a minimum of two weeks in advance. Date Submitted: _____

Person making request: _____ Activity: _____

Group: _____ Date(s) of Activity: _____ Time or Periods: _____

Rehearsal date/time/location: _____

ASB Approval (only for student sponsored events):

ASB Sponsor Signature: _____
Ms. Rosales (W310)

Facilities:

Location Requested: PLEASE OBTAIN APPROPRIATE SIGNATURE(S)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Auditorium _____
Plant Manager | <input type="checkbox"/> Library _____
Library Media Teacher | <input type="checkbox"/> Student Cafeteria _____
Cafeteria Manager | <input type="checkbox"/> Dance Room W102 _____
P.E. Dept. Chair |
| <input type="checkbox"/> Staff Cafeteria _____
Cafeteria Manager | <input type="checkbox"/> Quad _____
A.P. Facilities | <input type="checkbox"/> Gym or Field _____
Athletic Director | <input type="checkbox"/> College Center _____
College Counselor |
| <input type="checkbox"/> Parent Center _____
Parent Center Director | <input type="checkbox"/> OTHER: _____
Administrator, Facilities | | |

Set-up requested: _____

Attach another page if diagram is needed for location set up.

Plant Manager's Signature: _____
Ivan Beltran (ext. 418)

Audio Visual Equipment:

Audio/Visual Equipment needed: _____
Computer Support Assistant

Set-up requested: _____

Calendar Approval

Mr. Greenbaum's Signature: _____ Schedule change (if any): _____

Administrative Approval

Your Event _____ on _____

_____ Has been approved.

_____ Has not been approved because _____

Administrator Signature: _____
Copies to Sponsor and ASB