

REQUEST TO CONDUCT CLUB/CLASS ACTIVITY

NON-FUNDRAISER

Requesting Organization: _____

Sponsor: _____

Date(s) requested: _____

Times of Requested event: Begin: _____ End: _____

Location of Event: _____

Purpose of Activity: _____

Costs: _____

Security Measures:

A. chaperones (number required): _____

B. security officers (number required) _____

Sponsor's Signature (Denotes Sponsor's approval): _____

Administrator Approval (Final Approval): _____

Stipulations governing approval by Administrator: _____

Comments: _____

1 copy returned to sponsor upon approval or denial

1 copy kept on file by administrator

APPOMATTOX REGIONAL GOVERNOR'S SCHOOL