

**SOQUEL HIGH SCHOOL
ASSOCIATED STUDENT BODY (ASB)
ACTIVITY REQUEST**



Name of Club: _____ Advisor: _____

Activity Name: _____ Activity Date: _____

Activity Description: _____

Activity Location: _____

School Equipment Needed: (tables, chairs, p.a. system, etc.): _____

Cost of Activity: _____

Admission with ASB Card: _____ Admission w/out ASB Card: _____

Signatures of Advisors/Chaperones who will be present:

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

_____ Facility Request Completed & Attached _____ Dance Guidelines Received

Advisor Signature: _____ Student Signature: _____

- ◆ All dances are closed unless otherwise approved. Guests must be high school students or older.
- ◆ All purchases must be approved by the club advisor prior to purchase.
- ◆ All activity requests must be submitted to the ASB Council at least two weeks before date of proposed activity.
- ◆ Activity requests are considered only at regularly scheduled ASB meetings.
- ◆ Clubs will be charged in accordance with SHS policies for expense resulting from improper cleaning or damage to the facilities.

To be completed by student council:

Date Received: _____ Date Processed: _____

Your request has been: ___ Approved ___ Not Approved

Remarks: _____

ASB President: _____ ASB Vice-President: _____

ASB Advisor: _____

___ Keep original for ASB Files ___ Send copy to Club ___ Send copy to ASB Office

