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| Form updated 3/26/2019 - BDaily | **Activity Request Form** | Date Form Submitted:Click here to enter a date.. |
| **Instructions:** Please complete this form electronically and submit to the Help Desk at least ten school days prior to the activity start date. |

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| **Requested by**: Click here to enter text.**Department/Organization**: Click here to enter text.**On-Site Event Coordinator**: Click here to enter text. | **Coordinator Email**: Click here to enter text.**Coordinator Phone**: Click here to enter text. |

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| **Basic Information for All Events and Activities** | **One-Time Event or Activity Information** |
| **Activity Name**: Click here to enter text.**Activity Location**: Off-Site Click here to enter text.**Activity Start Time**: Click here to enter text.**Activity End Time**: Click here to enter text.**Set Up Start Time**: Click here to enter text.**Clean Up End Time**: Click here to enter text. [ ] This event is only for ACCHS Students [ ] This event is open to the public**Please briefly describe this event or activity:**Click here to enter text. | **Activity Date**: Click here to enter a date.**Alternate Date**: Click here to enter a date.*Used if first-choice date is unavailable or cancelled due to an emergency.* |
| **Recurring Event or Activity Information** |
| **Activity Start Date**: Click or tap to enter a date.**Activity End Date**: Click or tap to enter a date.**Activity Occurs On**: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday  [ ] Saturday [ ] Sunday**Frequency:** [ ] Every Week [ ] Every Other Week [ ] Other: Click or tap here to enter text.  |

**Details for All Activities** – *Please select all that apply to your request and provide details for each selection.*

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| [ ]  **This event will occur outside of normal school hours AND students will be under the direct supervision of ACCHS Faculty/Staff. *If applicable, activity organizers are responsible for maintaining a record of student emergency contact information.***[ ]  **This event will occur during normal school hours AND students will miss class time. *If so, submit a list of students to the Attendance Office no later than the Thursday before the event occurs. Also, email the list of students to*** ***staff@acchs.info******.*** [ ]  **This event will be a fundraiser.**If yes, please specify the organization that will benefit.Click here to enter text. [ ] **Set Up/Clean Up Assistance** (Maintenance Team) [ ]  Set Up Assistance [ ]  Clean Up Assistance[ ]  None needed (Teacher/Students) [ ]  Other Assistance (describe below)*Please describe your logistical needs below. Include chair count, tables, and any other needs. Feel free to submit a seating diagram, if applicable:*Click or tap here to enter text.  | Fill out the [Announcement Form](https://docs.google.com/forms/d/e/1FAIpQLSdZz4iecGtSlIJRy27Ket7YtyzKPTgofL1nZjERyZTjHJVr8A/viewform?c=0&w=1) to be included in the Student Announcements email and in the daily P.A. announcements.[ ] **Publicity** (Development Manager) [ ]  Flyers*Please submit print/copy requests to the Help Desk printing submission.*  Distribution Date: Click here to enter a date. [ ]  Include in Weekly Email Update*If checked, include the written message as it should appear in the email blast when submitting this form. Email Updates are sent on Sundays.*  Distribution Date: Click here to enter a date.[ ] **Finance** (Business Manager) [ ]  Cashbox Required[ ]  Use of Outside Contractors[ ]  Certificate of Liability Requested[ ]  Review of Contract Required [ ]  Other Finance Needs*Please describe your finance needs:*Click or tap here to enter text. |

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| [ ] [**Technology Needs**](https://docs.google.com/document/d/13mGHEEocoZ7LBixyBH-awFwski1nJ5x5SPK48j_CRh4/edit?usp=sharing) (please click link to see full list)[ ]  Guest Wi-Fi*Please describe your technology needs. List equipment you need ACCHS to supply and details for connecting equipment that you supply.*Click or tap here to enter text. [ ] **Performance Needs** (Tech Crews) ☐ Student Tech/Lighting Crew ☐ Student Sound Crew*Please describe your performance needs:*Click or tap here to enter text. | [ ] **Volunteers** [ ]  Faculty Volunteers will be used. [ ]  Parent Volunteers will be used. [ ]  Parent Volunteers will interact with students. *Volunteers working directly with students must provide current clearances.*[ ]  Administrator Presence Requested. *Making a request does not guarantee that an Administrator will be available:*Click or tap here to enter text. |

**ADMINISTRATIVE USE ONLY**

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| **Activity Status:**[ ]  Approved[ ]  Denied |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *ACCHS Vice Principal/Activities Coordinator Date* |

**The Vice Principal or Activities Coordinator will update the school calendar to reflect approved forms.**

**Acknowledgement of Approved Activity Request**

Please sign this form upon receipt and keep a copy of the reverse side for your records.

Once signed, please pass the signed original on to the next person on the list.

Vice Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tech Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Vice Principal or Activities Coordinator will forward this information to the appropriate departments after the event has been approved.**