



JOHN F. KENNEDY Activity Form

Please complete everything on form

Questions ?? – See Ms. Mulcahy or Mrs. Jung

Must turn in to the Business Office or Room 156 by 2:30 on Monday –
ASB Meetings on Wednesday

Club/Class Name _____ Club/Class Advisor _____

Desired Activity: _____

(Remember to include the date, time, and location)

Please Circle one: (Who is hosting this event?) ASB Boosters PTO Other: _____

(This is an activity request, there is NO MONEY involved. If you are trying to raise money, please fill out the FUNDRAISER request form)

The purpose of this activity it to: _____

(Why are you having this activity or event? Celebration, raise awareness, etc..)

Beginning date of activity: _____ Ending date: _____

(There is a one month limit for activities.)

Please briefly describe what your activity is:

If necessary, admin approval of guest speaker: _____

Dr. Fisher Signature

If necessary, use of facilities has been cleared by A. Kiester: _____

A. Kiester Signature

Please list any item and the cost it will incur with this activity (Fliers, paint, supplies, shipping and handling, rental fees, food, decorations, etc...)

Is the amount over \$100.00? Is so, have you filled out a Purchase Order for PREAPPROVAL? This needs to be done, before proceeding forward. OTHERWISE YOU WILL NOT BE REIMBURSED!!

THIS FORM MUST BE FILLED OUT PROPERLY IN ORDER FOR YOUR ACTIVITY TO BE APPROVED AT THE NEXT STUDENT COUNCIL MEETING. ALL ACTIVITIES MUST ALSO BE APPROVED BY THE PRINCIPAL

Club Representative (Student) Date

Club Advisor Date

ASB Treasurer/ASB Secretary Date

Athletic Director for Sport Request Only Date

YOU WILL NOT obtain the signatures below. These will be obtained upon approval in the ASB Meeting minutes.

Activities Director Date

Principal Date