

**Instructions:** Turn in form to ASB at least two weeks prior to proposed event.



Today's Date: \_\_\_\_\_

Proposed Event Name: \_\_\_\_\_

Event Date and Time: \_\_\_\_\_

Description of Event (Be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Event (If on campus a Facility Request Form may be required): \_\_\_\_\_

Name of Requesting Committee/Organization: \_\_\_\_\_

Committee/Organization President:

_____	_____	_____
Name (print)	Signature	Date

Committee/Organization Advisor:

_____	_____	_____
Name (print)	Signature	Date

Nutrition Services Director's approval is required if serving food during school hours. Students may not prepare food.  
Nutrition Services Director's signature (If needed): \_\_\_\_\_

- Are chaperones needed for this Event?     YES (Attach confirmed chaperone list)     NO
- Will you be requesting supplies from ASB?     YES Contact ASB at least 5 days in advance)     NO
- Will you be spending Committee/Organization funds?  
 YES (Submit a Purchase Order Request form and wait for approval before spending any money)     NO
- Will money be collected?  
 YES (Submit a Cash Box Request form at least two days before the event)     NO
- Should a notification be sent out on the CCA ASB app?  
 YES (Attach date, time and description of notification; no longer than 100 characters)     NO

**TO BE FILLED OUT DURING THE ASB STUDENT COUNCIL MEETING**

Meeting Date: \_\_\_\_\_ ASB Class Recommendation:  YES     NO

Club Commissioner's Approval Signature: \_\_\_\_\_

Executive Council's Approval Signature: \_\_\_\_\_

ASB Director's Approval Signature: \_\_\_\_\_

**TO BE APPROVED BY THE SITE ADMINISTRATOR**

Meeting Date: \_\_\_\_\_ Administration's Decision:  Approved     Denied

Administrator's Approval Signature: \_\_\_\_\_