

ABBOTT I.S.D

ACTIVITY REQUEST

DATE OF REQUESTED ACTIVITY _____

SPONSOR _____

ORGANIZATION OR GROUP _____

LOCATION

ON-CAMPUS

BUILDING REQUESTED TO BE USED

HOURS OF ACTIVITY

TYPE OF ACTIVITY _____

PURPOSE OF ACTIVITY

NUMBER OF STUDENTS TO BE INVOLVED

NUMBER OF ADULTS

SECURITY

YES NO

OFF-CAMPUS

DESTINATION

DEPARTURE TIME

RETURN TIME

PURPOSE OF ACTIVITY

NUMBER OF STUDENTS TO BE INVOLVED

NUMBER OF ADULTS

TRANSPORTATION NEEDED

YES NO

APPROVED DENIED SUPERINTENDENT _____

DATE OF REQUEST _____ PRINCIPAL _____