



Arcadia Unified School District
ARCADIA HIGH SCHOOL
Activity Change Application

IMPORTANT: THIS FORM MUST BE SUBMITTED TO THE ASB OFFICE AT LEAST TWO WEEKS PRIOR TO EVENT
PLEASE ATTACH ALL APPLICABLE FORMS UPON SUBMISSION.
 DO NOT BEGIN ARRANGEMENTS FOR THIS ACTIVITY UNTIL THIS FORM HAS BEEN APPROVED AND RETURNED TO YOU.

	Organization	Activity Name
Type of Change: <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Location	Reason For Change:	

Original Start Date	Original End Date	Original Start Time	Original End Time	Original LOCATION
New Start Date	New End Date	New Start Time	New End Time	New LOCATION

If your activity requires payments from the organization's ASB Account, the AUSD Staff **advisor** MUST complete the "Expenditure Pre-Approval Form" found on the ASB Website.
 (Click here to link)

Contact Last Name	Contact First Name	Contact E-mail	Contact Phone #
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Advisor Last Name	Advisor First Name	Advisor Email	Advisor Phone #
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Advisor: Please check applicable box(es) below before signing:

- I understand that I must be present at this event
- I understand that I am responsible for ASB approval prior to the start of the activity or fundraiser. Financial sanctions may be imposed on groups who violate this procedure or who fundraise outside the approved time period.
- I understand that I am responsible for assuring that all money is turned in to the ASB Office within 3 days after the fundraiser. Daily collections should be brought to the ASB office. Money should not be left in classrooms.
- I have collected all completed necessary "Field Trip Permission Slips (Adult & Minor) and Driver Certification Forms.

<i>x</i>		<i>x</i>	
Student Signature	Date	Advisor Signature	Date

**Booster clubs must obtain Governing Board approval for all fundraisers held on the campus during the school day by student groups. All other fundraisers whether on or off campus which may or may not involve students must have approval from the Principal.*

ASB Office USE ONLY:

Date Received _____ Date Processed _____ Approved Denied Divided Out

Comments: _____

<i>x</i>		<i>x</i>	
Activities Director Signature	Date	ASB Activities Commissioner Signature	Date

Activity Change