



Arcadia Unified School District
ARCADIA HIGH SCHOOL

Activity 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

Start Date	End Date	Start Time	End Time	LOCATION
Activity Description:				Additional Forms Required: (Check all that apply) <input type="checkbox"/> Field Trip Form* <input type="checkbox"/> Potential Revenue Form <input type="checkbox"/> Facility Request <input type="checkbox"/> Driver/Bus Order <input type="checkbox"/> Sound Crew *Form available in ASB Office

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 #

 Advisor Last Name Advisor First Name Advisor Email Advisor Phone #

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.

x _____ *x* _____
 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: _____

x _____ *x* _____
 Activities Director Signature Date ASB Activities Commissioner Signature Date