

**SOQUEL HIGH SCHOOL  
ASSOCIATED STUDENT BODY (ASB)  
ACTIVITY REQUEST**



Name of Club: \_\_\_\_\_ Advisor: \_\_\_\_\_

Activity Name: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Activity Description: \_\_\_\_\_

Activity Location: \_\_\_\_\_

School Equipment Needed: (tables, chairs, p.a. system, etc.): \_\_\_\_\_

Cost of Activity: \_\_\_\_\_

Admission with ASB Card: \_\_\_\_\_ Admission w/out ASB Card: \_\_\_\_\_

Signatures of Advisors/Chaperones who will be present:

1) \_\_\_\_\_ 4) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_

3) \_\_\_\_\_ 6) \_\_\_\_\_

\_\_\_\_\_ Facility Request Completed & Attached \_\_\_\_\_ Dance Guidelines Received

Advisor Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

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- ◆ All dances are closed unless otherwise approved. Guests must be high school students or older.
- ◆ All purchases must be approved by the club advisor prior to purchase.
- ◆ All activity requests must be submitted to the ASB Council at least two weeks before date of proposed activity.
- ◆ Activity requests are considered only at regularly scheduled ASB meetings.
- ◆ Clubs will be charged in accordance with SHS policies for expense resulting from improper cleaning or damage to the facilities.

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**To be completed by student council:**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Your request has been: \_\_\_ Approved \_\_\_ Not Approved

Remarks: \_\_\_\_\_

ASB President: \_\_\_\_\_ ASB Vice-President: \_\_\_\_\_

ASB Advisor: \_\_\_\_\_

\_\_\_ Keep original for ASB Files \_\_\_ Send copy to Club \_\_\_ Send copy to ASB Office

