

MIAMI NORLAND SENIOR HIGH

ACTIVITY/EVENT REQUEST FORM

Request Date: _____
 Sponsor Signature: _____

Please type and submit one form to the Office of Student Activities:
 Performance related events – **45 days** prior to the date of the event
 Off campus events – **30 days** prior to the date of the event
 All on campus – **2 weeks** prior to the date of the event

Organization/Club	
Sponsor	
Contact Information	Room# _____ Phone number# _____
Event Requested (Give a description of the event)	_____ _____ _____
Event Date	
Attendance	# of Participants _____ Anticipated Attendance _____
Start & End Time	
Will tickets be sold?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if so, attach Fundraising Activity Form #1018)
Recurrence Pattern	<input type="checkbox"/> One time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other/Specify: _____
Off Campus Event Location (Attach agreement from the facility)	
On Campus Location (check all that apply)	<input type="checkbox"/> Auditorium <input type="checkbox"/> Gymnasium <input type="checkbox"/> Cafeteria (South side) <input type="checkbox"/> Cafeteria (North side) <input type="checkbox"/> Spill out <input type="checkbox"/> Driver's Ed Range <input type="checkbox"/> Football field <input type="checkbox"/> Weight Room <input type="checkbox"/> Media Center <input type="checkbox"/> Magnet Office <input type="checkbox"/> Main Hallway entrance <input type="checkbox"/> Classroom(s) (Specify room numbers): _____ Other (Specify): _____
Equipment Requested	<input type="checkbox"/> Microphone <input type="checkbox"/> Projector <input type="checkbox"/> Chairs (Specify # _____) <input type="checkbox"/> Music system <input type="checkbox"/> Tables (Specify # _____) Other: _____
Describe in detail the objective of the event?	_____ _____ _____ _____ _____
How will it positively affect the students? Community?	_____ _____ _____ _____
Office Use Only	
Approval	Activities Director: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____ Date: _____ Principal/Designee: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: _____ Date: _____
Reason for Denial	
Comments:	