

## Cathedral City High School Activity Request 2017/2018

Each *Request* must be submitted at least two weeks before the event. All activities require Administrator and ASB Council approval. Requests submitted inside of two weeks will not be considered and the event will not be permitted to take place.

➔ Organization Name: \_\_\_\_\_ Advisor Name (print): \_\_\_\_\_

*I understand and agree to all timelines and conditions of this request.* Advisor Signature: \_\_\_\_\_

➔ Check one and describe:

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

Fundraiser: \_\_\_\_\_

Will you be soliciting any businesses for donations?  No  Yes **Please attach letter used for soliciting donations if yes.**

Using a Vendor?  No  Yes If so, please list Vendor(s): \_\_\_\_\_

**Administration must approve all vendor agreements/solicitations. Have Administrator sign below before turning in Request.**

*I hereby authorize the use of listed vendor(s).* \_\_\_\_\_

Principal's Designee Signature

Date

➔ Date(s) Requesting: From \_\_\_\_\_ To \_\_\_\_\_ Hours \_\_\_\_\_

Location: \_\_\_\_\_ (Complete **Use of School Facility** at <http://www.cchslions.net/fans.html> if event is held on campus.)

Purpose: \_\_\_\_\_

Using Security?  No  Yes How many? CCHS Security \_\_\_\_\_ **ANY EVENT ON CAMPUS THAT HANDLES CASH REQUIRES SECURITY TO BE PRESENT** (Security is paid by the organization holding the event.)

Spending Organization Funds?  No  Yes (Complete Payment Request if spending **any** money, including reimbursements.)

**IMPORTANT NOTE:** No invoices or reimbursements will be paid or receipts accepted without a pre-approved *Payment Request* on file. Because of timeline requirements, if any *Activity Request* and *Payment requests* are needed for the same event, the *Activity Request* must have already been approved the previous week in order for the *Payment Request* to be considered.

### REVENUE POTENTIAL

➔ Complete items 1-6 if **any** money is to be collected at any time during or for the activity:

1. Est. total expenses to be spent, inc. tax \$ \_\_\_\_\_ 4. Avg. selling price per item or service \$ \_\_\_\_\_

2. Est. number of items or services to sell \_\_\_\_\_ 5. Potential collection to deposit (#2 X #4) \_\_\_\_\_

3. Kind of items or services selling \_\_\_\_\_ 6. Potential profit after expenses (#5 - #1) \_\_\_\_\_

### ORGANIZATIONAL APPROVAL

The decision by any student organization to spend its funds must be recorded in Club Minutes and made available for audit.

*"I hereby certify that the \_\_\_\_\_ Club approved by a quorum of members the above Request at a meeting held on the*

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_"

Day

Month

Year

Club Treasurer Signature

Club Advisor Signature

Club President Signature

### CCHS ASB FORMAL ACTION

Approved  Not Approved  Tabled (until \_\_\_\_\_) *"If "Tabled" or "Not Approved," the reason is as follows:*

*I hereby certify that the CCHS ASB Student Council took action on the above Activity Request at a formal meeting held on the*

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Day

Month

Year

ASB Treasurer Signature

Principal's Designee Signature

Activities Director Signature