

Cathedral City High School Activity Request 2023/24

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