

**FRANKLIN COUNTY TECHNICAL SCHOOL**  
**STUDENT ACTIVITIES REQUEST FORM**

PLEASE FILL OUT ITEMS 1-6. After approvals have been given, one copy will be returned to the advisor.

1. Name of Organization: \_\_\_\_\_ Date Submitted: \_\_\_\_\_
2. Person Submitting Request: \_\_\_\_\_
3. Faculty Advisor Signature: \_\_\_\_\_
4. Type of Activity: \_\_\_\_\_
5. School Facilities to be used: \_\_\_\_\_  
\_\_\_\_\_
6. Tentative Date and Time: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_  
Date Time Time

**SUBMIT FORM FOR INITIAL APPROVAL**

7. Initial Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Immediate Supervisor  
(Final approval will be given based upon the below information.)
8. Faculty Advisor: (PLEASE HAVE APPLICABLE ITEMS INITIALED. IF NOT APPLICABLE, DENOTE WITH N/A.)  
Maintenance Supervisor Notified \_\_\_\_\_ Cafeteria Manager Notified \_\_\_\_\_  
Custodians Scheduled \_\_\_\_\_ Refreshments Arranged \_\_\_\_\_  
Tickets Printed \_\_\_\_\_ Chaperones Obtained \_\_\_\_\_  
Police Hired \_\_\_\_\_ Use of Building Form Completed \_\_\_\_\_
9. Has a Set-up and Clean-up Committee been formed and advised of their responsibility to police the site both inside and outside prior to leaving?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Unnecessary \_\_\_\_\_

**FINAL APPROVAL DEADLINE: TWO WEEKS PRIOR TO EVENT.**

10. Final Approval: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Principal
11. Approved form returned on: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ By: \_\_\_\_\_

**IF ACTIVITY IS CANCELLED, PLEASE ADVISE AFFECTED PERSONNEL.**

cc: Advisor  
Student Activities Coordinator  
Maintenance/Custodial Supervisor  
Main Office  
Cafeteria Manager  
Superintendent's Office  
File