



MIAMI CAROL CITY SENIOR HIGH SCHOOL ACTIVITY REQUEST FORM
YOU MUST SUBMIT THIS FORM ALONG WITH A PROGRAM OR AN AGENDA TO THE
DIRECTOR OF STUDENT ACTIVITIES TEN (10) DAYS BEFORE THE EVENT FOR
APPROVAL. IF AN AGENDA IS NOT SUBMITTED, THE EVENT WILL NOT BE
SCHEDULED.

Name of Organization _____ Sponsor _____
 Type of Event _____
 Purpose/Description of Event _____
 Location of Event _____ Date _____ Start & End Time _____
 Rehearsal Date(s) _____ Time _____
 Setup Date _____ Setup Time _____
 Grade Levels Participating _____ Total Number of Participants _____
 Personnel Expected _____ Number of Guest Expected _____

EQUIPMENT / SPECIAL NEEDS – PLEASE CHECK AND LIST QUANTITY NEEDED

Sound System Microphone Projector Table Chairs

If needed, list quantity: Microphone(s) _____ Table(s) _____ Chair(s) _____

C H A P E R O N E S			

Other Personnel/Services Needed (Check all that apply)

Custodial Technician Security School Police Yearbook Staff Administrative Staff

 President of Club/Organization Signature Date Advisor Signature Date

APPROVED BY:

 Director of Student Activities Signature Date Principal/Delegate Signature Date

TO BE COMPLETED BY ADMINISTRATION:

Number of Security Needed _____ Number of Police Needed _____