

ACTIVITY REQUEST FORM

Single Day and Overnight Activities (back of form)

ARFs must be submitted at least two weeks prior to the date of the event

EVENT NAME: DATE(S) OF EVENT:

EVENT START TIME: EVENT END TIME:

EVENT LOCATION (Include Address):

WHICH GROUP/CLASS IS THIS FOR:

LIST THE PLANS OR ACTIVITIES THAT WILL BE INVOLVED IN THIS EVENT:

WCHS EMPLOYEE IN CHARGE OF EVENT:

CLASSROOM REQUESTED:

LIST OF CONFIRMED CHAPERONES:

WCHS CALENDAR(S): Academic Athletic Office Facilities

SPECIAL SCHEDULE REQUESTED? Y N (Ball)

SUBSTITUTE NEEDS (Moyer)

SUBSTITUTE NEEDED: Y N FOR WHO: WHICH PERIODS: 1 2 3 4 5 6 7

TRANSPORTATION NEEDS (Casteel)

WESTSIDE BUSES or REQUEST FOR CONTRACTED BUSES N/A

Number of Students: Departure Time: Return Time:

PARENT DRIVERS: Y N List all here:

SOUND & TECHNOLOGY (Armstrong)

Sound or other Technology needs?

ABSENT DURING LUNCH (Leong)

Number of Students Missing:

Office Routing/Approval

WENGER: _____

CASTEEL: _____

BALL: _____

ARMSTRONG: _____

LEONG: _____

MOYER: _____

OVERNIGHT TRIPS

Goals and Itinerary of Trip:

Additional tasks to be completed prior to event:

- Informational email sent to parents
- Faculty notified of upcoming absences
- Permission slips/parent consent forms
- Student health forms for each student attending to be taken with lead staff person to the event