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