BOOKER T. WASHINGTON SENIOR HIGH SCHOOL

Activity Request

Date of Request: ____________________

Originator: ________________________________

Organization: ______________________________

Date/Time/Location of Activity: ______________________________________

Activity Type:   _____ Field Trip   _____ Fundraiser   _____ Banquet
                   _____ Assembly/Performance   _____ Other

Description of Activity: ______________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Number of Participants:
   _____ Students   _____ Teachers   _____ Parents

Signatures:

   Originator
   ____________________________________

   Activities Director
   ____________________________________

   Administrator
   ____________________________________

Note:
PLEASE NOTE THAT THIS IS ONLY AN INITIAL REQUEST FOR AN ACTIVITY. According to school guidelines, all other pertinent forms must be completed and signed before proceeding with any activity. If the above-mentioned activity is approved, the Activities Director will return the Activity Request form along with the necessary activity packet to the originator.