



McLean High School

McLean High School Activity Request Form

The school master calendar must be checked to insure that the requested date does not
CONFLICT with another activity

NAME OF REQUESTING GROUP: _____

ACTIVITY TITLE AND DESCRIPTION: _____

ACTIVITY DATE(S) _____ START TIME: _____ END TIME _____

IS THIS EVENT A FUNDRAISER? YES _____ NO _____

NAME OF LOCATION (S) TO BE USED: _____

SPECIAL EQUIPMENT NEEDED: Microphone _____ Podium _____ Lighting _____

Police Required # _____ Faculty Supervisors # _____

COMMENTS: Please list all set up instructions, equipment and services needed.

As sponsor of this activity, I understand and accept responsibility for the supervision of the activity.
If Administrative coverage is required I will secure an administrator and sign him/her up below.

Sponsor's Signature _____ Date _____

Sponsor's Name: Please print _____ E-mail: _____

Administrator's / Department Chair's Signature: _____

Administrative Staff: Approved/Disapproved _____ Date _____
(Circle one)

TICKETS must be obtained from the school ticket manager (Ms. Mosley). Only numbered tickets may be used and requests should be made one week in advance.