

ASB ACTIVITY BILL FORM
GAREY HIGH SCHOOL Bill # _____

DATE SUBMITTED: _____ (SUBMIT TO ASB OFFICE 2 WEEKS PRIOR TO EVENT)

ORGANIZATION: _____

SELLING DATES: _____ **TIMES:** _____

DESCRIPTION OF ACTIVITY IN DETAIL: _____

CONTACT PERSON: _____

COST OF ACTIVITY: _____ **PRESENT CLUB BUDGET** _____

GOAL(S) OF ACTIVITY: _____

PRESIDENT: _____ **ADVISOR:** _____

FACILITY NEEDS

GYM _____

PA SYSTEM _____

DJ _____

CAFETERIA _____

CHAIRS _____

_____

SNACK BAR AREA _____

TABLES _____

_____

ATHLETIC FIELD _____

PODIUM _____

MY CLUB AGREES TO REPLACE ANY EQUIPMENT THAT SHOULD BE DAMAGED DURING USE BY MY CLUB.

THIS WILL BE DONE BY ACCOUNT TRANSFER TO GENERAL ASB EQUIPMENT.

ADVISOR SIGNATURE: _____

AUTHORIZATION SIGNATURES

PRINCIPAL _____ **DATE:** _____

STUDENT COUNCIL ACTION

DATE: _____ **VOTE: FOR:** _____ **AGAINST:** _____ **ABSTAINED:** _____

APPROVED: _____ **DENIED:** _____

RECOMMENDATION: _____ **ASB PRESIDENT:** _____

DIRECTOR OF ACTIVITIES: _____