



Castro Valley High School Activity Request Form



Please make sure you fill out this form completely and submit at least **two weeks** prior to your event.

Make sure form is signed by the organization's president prior to submitting form.

** Turn in both completed forms to Mr. Kentris in the Student Activities Office or Ms. Martinez in the Main Office*

** CVAC will review this request and inform staff advisor whether or not it is approved*

Date (form turned in): _____ Name of Organization _____

Description of the activity: _____

Activity Date: _____ Activity Hours: _____

Activity Location(s)*: _____

Prices to be charged: _____ Purpose of this Activity _____

Day of, staff supervisor (Please print and sign): _____

Please indicate if any additional services are required i.e. security, extra custodial: _____

**Please note that if audio, supervision or custodial services are required after regular school hours, a fee may be required. Please consult with Activities if needed.*

***Note*:** Please note that a facility request is required to be completed and turned in with this form.

____ Check here to indicate that your event is also a fundraiser. If this is the case please also be sure to attach a completed "revenue potential" form which you can find on page 12 of this handbook.

____ Check here to indicate that the staff member who manages the facility was notified and that the facility is available. If this is the case, please indicate the staff member notified: _____

Signatures:

Organization President Faculty advisor

APPROVED _____ NOT APPROVED _____ DATE _____

ASB President Activities Director Administrator

**(CVUSD users should check for facility availability before submitting this form. To do so, please speak to the staff member who manages the facility. Some facilities, like the CVHS library, are not available during the school day for any user.)*

**CASTRO VALLEY HIGH SCHOOL
SCHOOL FACILITIES REQUEST FORM
THIS FORM MUST BE SUBMITTED 2 WEEKS PRIOR TO EVENT**

***PLEASE INCLUDE A DRAWING
OF YOUR DESIRED SET-UP
FOR OUR CUSTODIANS!
PLEASE INDICATE IF NO SET-UP IS REQUIRED.***

Sponsoring Organization _____ Name of Staff Sponsor _____

Day of Event Supervisor _____ Anticipated Attendance _____

On the following DATE(S): _____

Purpose: _____

To Use:	Baseball Field	_____	Conf. Rm.	_____	Library	_____
	Cafetorium	_____	Football Field	_____	Mat Rm.	_____
	Student Union	_____	Gymnasium	_____	Redwood Lot	_____
	Career Center	_____	Aux. Gym.	_____	Soccer Field	_____
	Classroom #	_____	Kitchen	_____	Weight Rm.	_____
	Other: _____		Food will be prepared: Yes _____	No _____		
	Food will be served: Yes _____	No _____				

Set-up Time: _____

Event Time: **Begin** _____ **End** _____

Clean-up Time: _____

Should event be listed on the calendar on the CVHS website? : Yes ___ No ___ On the Marquee? Yes ___ No ___

If so, please provide information or flyer to be included on the website or marquee.

Equipment Desired (please check):

Band Stands (fee)	_____	Wrestling Mats (fee)	_____
Microphone (fee)	_____		
Piano, Grand/Standard	_____	Chairs, folding (#)	_____
Portable Stage (fee)	_____	Podium	_____
Risers (fee)	_____	Projector	_____
Stage/spotlights (fee)	_____	Projector screen	_____
		Ramp	_____
<u>Kitchen:</u>		Tables, rectangular (#)	_____
Kitchen facilities	_____	round (#)	_____
		Other: _____	
<u>Gym:</u>			
Bleachers	_____		

I have made arrangements with

to provide the sound services

Athletic equipment is not furnished.

The **Building and Grounds** staff will set-up as needed.

This request should be signed below and submitted to:
Abby Martinez in the Main Office for approval.
(If approved, Ms. Martinez will provide appropriate persons with copies of this request.)

Agreement: In the case of room use, I will restore the room to its original order.

Signature

Date