

# POINT LOMA HIGH SCHOOL

# ACTIVITY REQUEST FORM (ARF)

**\*PLEASE RETURN TO ESTHER/BRIAN AT LEAST TWO WEEKS PRIOR TO EVENT\***

TODAY'S DATE: \_\_\_\_\_

SCHEDULE ACTIVITY/MEETING

REQUESTER NAME: \_\_\_\_\_

SCHEDULE FUNDRAISER

\*PLEASE ATTACH FUNDRAISER FORM

REQUESTER EMAIL: \_\_\_\_\_

ARF DATE CHANGE

REQUESTER PHONE #: \_\_\_\_\_

OLD DATE: \_\_\_\_\_

DATE RECEIVED @ MAIN/FINANCE OFFICE: \_\_\_\_\_

NEW DATE: \_\_\_\_\_

## DESCRIPTION OF EVENT/ACTIVITY:

\_\_\_\_\_  
 \_\_\_\_\_

## FACILITY RESERVATION

*ACTIVITIES AFTER OR OUTSIDE OF SCHOOL HOURS HAVE A COST!*

DATE: _____	SET-UP/START TIME: _____		
# OF ATTENDEES: _____	END TIME: _____		
____ ROOM 301	____ LIBRARY	____ BIG GYM	____ MAIN ATHLETIC FIELD
____ CAFETERIA	____ DANCE STUDIO	____ SMALL GYM	____ BASEBALL FIELD @ DANA MIDDLE
____ PAC	____ FITNESS CENTER	____ SOFTBALL FIELD	OTHER: _____
<u>SERVICES OR EQUIPMENT REQUESTED:</u>	<b><u>CUSTODIAL</u></b>	<b><u>TECHNOLOGY</u></b>	<b><u>OTHER</u></b>
	___ CHAIRS # _____	___ MICROPHONE	___ CSAS- ___ HRS.
	___ TABLES # _____	___ LAPTOP	___ PAC SOUND CREW
	___ PODIUM	___ DOC CAMERA	___ PAC STAGE LIGHTS
	___ AIR CONDITIONING	___ SCREEN	OTHER: _____
	___ LIGHTS/LIGHTING	___ PROJECTOR	_____
	___ GYM BLEACHERS	___ SOUND	_____

## APPROVALS

DEPARTMENTS INVOLVED MUST CONFIRM AND APPROVE FACILITY REQUESTS FIRST

<b>LIBRARY</b> L. COOPER	<b>ATHLETICS</b> A. VAN HEUVEN C. FRASCA	<b>TECHNOLOGY</b> J. MEDINA	<b>PAC</b> A. CHAGNON	<b>CUSTODIAL</b> G. LANG	<b>ADMIN</b> H. BECKER
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ADDED TO MASTER CALENDAR ON: \_\_\_\_\_

**BUS RESERVATIONS ON REVERSE SIDE**

**\*PLEASE RETURN TO ESTHER/BRIAN AT LEAST TWO WEEKS PRIOR TO EVENT\***

TODAY'S DATE: \_\_\_\_\_

TRANSPORTATION REQUEST

REQUESTER NAME: \_\_\_\_\_

\*PLEASE ATTACH PERMISSION SLIP

REQUESTER EMAIL: \_\_\_\_\_

ARF DATE CHANGE

REQUESTER PHONE #: \_\_\_\_\_

OLD DATE: \_\_\_\_\_

DATE RECEIVED @ MAIN/FINANCE OFFICE: \_\_\_\_\_

NEW DATE: \_\_\_\_\_

## DESCRIPTION OF EVENT/ACTIVITY:

\_\_\_\_\_  
\_\_\_\_\_

## BUS RESERVATION

EVENT DATE: \_\_\_\_\_

PICK-UP TIME AT PLHS: \_\_\_\_\_

PICK-UP TIME FOR RETURN TO PLHS: \_\_\_\_\_

DESTINATION/ADDRESS: \_\_\_\_\_

NUMBER OF PASSENGERS: \_\_\_\_\_ + \_\_\_\_\_  
STUDENTS ADULTS

SOURCE OF FUNDING: \_\_\_\_\_  
BUDGET NUMBER, ASB ACCOUNT OR....

CHAPERONE 1 NAME & CELL #: \_\_\_\_\_

CHAPERONE 2 NAME & CELL #: \_\_\_\_\_

CHAPERONE 3 NAME & CELL #: \_\_\_\_\_

TRIP ID #: \_\_\_\_\_ DATE CONFIRMED: \_\_\_\_\_

ADMINISTRATOR APPROVAL: \_\_\_\_\_ ADDED TO MASTER CALENDAR ON: \_\_\_\_\_

(UPDATED 5/23/19 – BC)

FACILITY RESERVATIONS ON REVERSE SIDE