

Homestead High School Event Proposal 2015-16

This form MUST be used for any of the following: (1) all fundraisers involving the HHS student body; (2) any event with 250+ students; (3) any event open to the general student body; and/or (4) any event requiring HHS facilities.

Directions: Please complete the top two sections only. Please submit the completed form to the box on the door of the Activities Director (in the ASB Office) at least 3 weeks prior to the proposed activity/event. The last day to submit a proposal for an on-campus activity/event for the 2015-16 school year is April 6, 2016.

Activity/Event Name: _____

Organization Responsible: _____

Contact Person: _____

Student Name (or Parent Volunteer, if applicable) E-mail Address

Staff Name

Staff Initial

Date(s) of Event: _____ **Time of Event:** _____

Set up start time (if needed): _____ **Time location(s) will be vacated:** _____

Location(s) of Event: _____

Facilities Use Permission: _____

(if applicable) K. Bonvehio (Gym/Field House – school day); C. Bostic (Gym/Field House – after school);
L. Lloyd (Auditorium); A. Bateman (Library)

Needed Cash Box*: Y N **Table:** Y N

Sound/AV Equip: Y N
For all tech needs on weekends or after 3:30 p.m. on
weekdays a \$10/hour charge
will be applied for the duration of the event.

Ticket/Product Price: \$ _____
*Club and class sales limited to 1 week

of chairs _____

Event Details/Purpose:

Additional details
that might be helpful for
approval. Information
may be used for publication in
Homestead High School News.

Fundraising Profit Estimate:
(If not applicable insert zeros)

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Revenue

Expenses

Profit

Class/Club President/Captain Approval: _____

(Admin use only) Approval: _____ **Yes** _____ **No**

ASB President: _____ **Date:** _____

Activity Director: _____ **Date:** _____

Administrator: _____ **Date:** _____

HHS Outlook Calendar: Y N

Internal Marquee: Y N

S.L. Calendar: Y N

External Marquee: Y N

Supervision Required: Admin: Y N Teachers/Staff: Y N Security: Y N Custodian: Y N

Facility Use Permit Required: Y N **Food Permit Required:** Y N