

ASB Activity Request

Today's Date: _____

Start Date of Activity: _____ End Date: _____

Event & Description: _____
(pre-sales, tickets, sales at event only, etc)

Club or Class Name: _____

Staff Member in Charge: _____

Student Contact: _____

Profit to be used for: _____

Auditorium Classroom
 HS Commons Off Campus
 HS Gym Other _____

**** Facilities Request form is required for any on campus activities ****

Project Forecast	
Estimated Revenue	
<u>Item Description</u>	<u>revenue per item</u>
_____	\$ _____
_____	+ \$ _____
_____	+ \$ _____
_____	= \$ _____ total estimated revenue
Estimated Expense	
<u>Item Description</u>	<u>expense per item</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	= \$ _____ total estimated expense
Estimated Profit (Est. Revenue - Est. Expense)	\$ _____

Club Advisor Signature _____

ASB Action Approved Rejected Date _____

Reason for Rejection _____

ASB Advisor Signature _____

Chimacum School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Civil Rights, Title IX, and Section 504 Coordinator, Holly Patton, PO Box 278, Chimacum, WA 98325, holly_patton@csd49.org, (360) 302-5886.