



Silverado High School



Activity Request

Associated Student Body

Date: _____

Club: _____

Event: _____

Location: _____

Date and Time: _____

Purpose: _____

Chaperones: _____

Description of Activity: _____

Complete the following: _____

PO Form: Yes / No / NA

Field Trip Permissions Slips: Yes / No / NA

Transportation Request: Yes / No / NA

Requested by: _____

Contact Information: _____

Club President: _____ Date: _____

Club Advisor: _____ Date: _____

ASB Meeting: _____

APPROVED: _____ DENIED: _____

ASB President: _____ Date: _____

ASB Advisor: _____ Date: _____

Principal/ Admin: _____ Date: _____

Fundraiser Code(s) _____

*Requests submitted after end-of-day Tuesday
may be subject for approval the following week.*