



River City High School

Request for Approval: Student Activity/Fundraiser

Please check if this is a STUDENT ACTIVITY FUNDRAISER BOTH

Proposed Date(s) _____

Proposed Start Time(s) _____ Proposed End Time(s) _____

Proposed Student Activity: _____

Description: _____

Requesting Club/Organization: _____

Location of Activity: _____

Facility request needed? Yes _____ No _____

*** Turn in Facility Request to Jamie Luna

Cash Box needed? Yes _____ No _____

***Turn in Cash box request to Shannon Parrish

Advisors Signature: _____ Date Signed _____

Student Representative Name: _____ Date Signed _____

.....
For ASB use only:

Okay for Calendar: Yes _____ No _____

Reason: _____

ASB President's signature: _____

ASB Director's signature: _____

.....
Administration Approval: _____

*** This activity must be turned in 4 week prior to activity date