

WHITE CLOUD HIGH SCHOOL ACTIVITY REQUEST FORM

Name of group: _____ Advisor's Name: _____

Type of activity: _____ Date of activity: _____

Location of activity: _____

CHAPERONES:

1. Faculty Sponsor: _____ Phone #: _____

2. Faculty: _____ Phone #: _____

3. Faculty: _____ Phone #: _____

4. Parent: _____ Phone #: _____

5. Parent: _____ Phone #: _____

6. Parent: _____ Phone #: _____

Approximate number of students involved: _____

Are parental permission slips needed? _____

Transportation: ___ None ___ Yes

If yes, you should 1. Complete a bus request; 2. Have the request approved by the principal; 3. Contact the bus garage at Ext 3392 with information.

Departure time: _____

Return time: _____

School van needed? ___ Yes ___ No

Personal car(s) needed? ___ Yes ___ No

How many car(s) needed? _____

Number of drivers needed? _____

Please list the names and phone numbers of any additional drivers:

Other information: _____

Date

Advisor's Signature

Request : Approved _____ Denied _____

Date

Principal's Signature