Activity Approval Request Form

Zephyrhills High School

Name of Activity: _____

Location of Activity: _____

Date of Activity: _____ Mon Tue Wed Thur Friday Sat Sun

Time: Start:_____ am/pm End: _____ am/pm

Additional Information: _____

_____

Number of Students: _____

Sponsoring Organization: _____

Sponsor's Signature: _____

Faculty Sponsors: _____ _____

_____ _____

Chaperones: _____ _____

_____ _____

Facility Requests: _____

_____

_____

Custodial Hours: _____

Submit form to Angie Stone
Any changes must be resubmitted prior to the event for approval.

Approved: _____ Date: _____