

King Philip High School

Student Activity Application/ Fundraising approval form

**Must be filled out and turned into Mrs. Rowe at least one month in advance of desired event
(PART 1 OF 2)**

If a **school facility** is needed for an event , please check the HS calendar on the website to make sure the facility is available before completing this form.

Section 1. Event/Fundraiser description

Date application submitted: _____

Sponsoring Club/Organization/Athletic Team _____

Contact person _____ contact email _____

Advisor/coach _____ Advisor/coach email _____

Date(s) of Event/fundraiser _____ Time(s) of Event/fundraiser _____

Description of Event/fundraiser: _____

Section 2. Fundraising

Is this a fundraising event YES NO

If yes, projected income: _____

Explain the use(s) of projected income _____

Section 3. Chaperones

If student activity signatures of at least five chaperones must be obtained before the activity will be approved.

Advisors must remind chaperones of their commitment two weeks prior to activity.

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Number of policemen to be present if needed: _____

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Section 3. Facility Use

Will food be served YES NO

Description of food _____

Facilities to be used

<input type="checkbox"/> Auditorium	<input type="checkbox"/> Wooden Gym	<input type="checkbox"/> Classroom _____
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Library	<input type="checkbox"/> Bus Loop
<input type="checkbox"/> Field House	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Baseball Field	<input type="checkbox"/> Stadium Field	<input type="checkbox"/> Tennis Courts
<input type="checkbox"/> Kitchen (cafeteria director must be contacted 508-384-1000 x 338)		

Equipment needed _____

Special Requests or additional information/instructions _____

Section 4. Signatures

Class/Club President (if applicable) _____

Class/Club Advisor or Coach _____

Date: _____

Section 5. Approvals—FOR OFFICE USE ONLY

Date submitted to student activity coordinator _____ Initials _____

If Athletics—Athletic Director's Signature _____ Date _____

Principal's Signature _____ Date _____

Approved Not Approved

If not approved explanation _____

If Athletics—Superintendent's Signature _____ Date _____

Approved Not Approved

If not approved explanation _____

Once approved date final copy submitted returned to club _____

If facility usage -final copy submitted to Paul Schaefer _____