## NAME AND A

## **Troy High School**

Activities Request Form

(To be returned to APSA Secretary)

Please check the facilities schedule under activities on troyhigh.com to determine the availability of the facility you would like to reserve for your event prior to submitting this form.

Day and Date of Event:**	Date of Request	
Event or Activity		
Sponsoring Organization:	Advisor Name:	
Location:	Event Hours** From: To:	
Bus Transportation: (Requires Seperate Form)	Setup:: From To:	
Guest Pass Required? Yes No Police Supervision: Yes No Serving Food? Yes No   Fundraiser: Yes No If Yes, Submit a Profit Potential with this form. If Yes, you are required to pick up a cash box and form. If Yes, you are required to pick up a cash box and form.   ANY CASH/CHECK TRANSACTIONS MUST BE SUPERVISED BY AN ADVISER. MONEY MUST BE COLLECTED, COUNTED, DOCUMENTED ON THE SALES REPORT AND TURNED INTO THE ACTIVITIES OFFICE BY AN ADVISER.   THE ADVISER MUST WAIT WHILE THE AMOUNT TURNED IN IS COUNTED AND VERIFIED ON THE FINANCIAL ACCOUNT FORM.		
Overtime custodial fees will be charged for events scheduled on non-duty days: Please provide budget number to charge for services:		
** If this event is a non-Troy group, this form must be accompanied by a USE OF FACILITIES FORM. Saturday events may also require a USE OF FACILITIES FORM.		
<b>EQUIPMENT NEEDED</b>		
PA System Whiteboard Screen	Projector TV/DVD/VCR Bleachers	
Computer Risers Lectern	No. of Tables No. of Chairs	
Additional Equipment:		

## Approvals

Advisor Signature	ASB
Organization	Asst. Principal
Master Calendar	Asst. Principal APSA