

MCC ACTIVITY REQUEST FORM

FORWARD ALL REQUESTS TO: Barb Antekeier, Executive Administrative Assistant

SECTION ONE:

To be completed by the organization requesting the activity and submitted at least two (2) weeks prior to the event.

Today's Date _____ Date of Activity _____

Sponsoring Group _____

Description of Activity _____

Time - Set-Up Begins _____ Time - Clean Up Done _____

Time - Activity Begins _____ Time - Activity Ends _____

Building Location _____ Transportation Needed _____

Special Needs – Including Technology (please be specific)

Name of Chairperson _____ Phone # of Chairperson _____

Additional Comments _____

FOR ADMINISTRATION PURPOSES ONLY

_____ This event has been approved and placed on the school calendar.

NOTE: _____

_____ This event has been rejected RE: _____

_____ Permission Forms Required

Signature _____ Date _____

Distribution List and Date:

_____ Barb Antekeier, Exec. Administrative Asst.

_____ Athletic Director

_____ Director of Building & Grounds

_____ Fund Development Office

_____ Director of Food Service

_____ P-6 School Office

_____ K-12 Campus Minister

_____ Technology Office

Upon receipt of this form is official approval of the event.

Other: _____

The Kitchen Facility Request Agreement Is On The Reverse Side - Please Complete If Applicable