

Booster Club & School Support Organization
Campus Activity Approval Form

Name of organization: _____

Campus: _____

Type of activity:

- Executive Board Meeting General Membership Meeting Concession Sales
 Membership Recruitment Fundraiser Awards Reception

Date Of Event: _____ Time: _____

Area (Please specify Big Gym, Cafeteria, School Grounds, Off Campus Activity etc.): _____

Name of Sponsor: _____ email: _____ phone: _____

Organization's President: _____ email: _____ phone: _____

Liability Insurance: Yes No

Insurance Name (if applicable):

Vendor contact name: _____ Phone: _____

The _____ (Organizations Name) requests permission to conduct this activity. The organization will be responsible and accountable if damages to the property are incurred and follow the organization's bylaws and SISD Guidelines.

Organization President's signature

Date

Approved Principal/Designee's signature

Date

Denied Principal/Designee's signature

Date