

**Pickaway-Ross Career and Technology Center
ACTIVITY REQUEST**

Date of requested activity: _____

Times of requested activity: _____ to _____

Location of activity: _____

Sponsor Group of activity: _____

Other Groups involved in the activity: _____

Outside persons Involved in the activity: _____

Type of activity:
Community Service _____ Fund Raiser _____ Instructional Supplement _____ Social _____ Other _____

Description of Activity: _____

Special facility arrangements needed: _____

**If you are scheduling a fundraiser activity – please complete the
Fundraiser Activity Request – Sales Project Potential form.**

Staff member accepting responsibility for activity: _____
Signature Date

Approved _____ Not Approved _____
Supervisor Signature Date

Approved _____ Not Approved _____
Director Signature Date

Distribution: _____ Security _____ Attendance/Reception Desk _____ Custodian _____ Cafeteria _____ Other _____ File