



# Eddyville Charter School

## Activity Request

NAME: \_\_\_\_\_ Requested Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Activity: \_\_\_\_\_

Fee? \_\_\_\_\_

Money to go towards? \_\_\_\_\_

Will you need a cash box? \_\_\_\_\_

Location: \_\_\_\_\_

Activity Date/Time: \_\_\_\_\_

Additional Details: \_\_\_\_\_

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Chaperones: ( Background checks and safe schools complete?) Must be approved and signed off by Missy

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved \_\_\_\_\_ Denied \_\_\_\_\_

For Office use only

Added to google Calendar \_\_\_\_\_