

PGHS ACTIVITY CALENDAR REQUEST

DATE REQUEST SUBMITTED: _____

GROUP/CLUB NAME: _____

SUBMITTED BY (FACULTY ADVISOR): _____

DATE(S) OF ACTIVITY: _____

DAY(S) OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____

DESCRIPTION OF ACTIVITY: _____

FACILITIES USE REQUEST FORM ATTACHED (CIRCLE ONE) YES NO

PRINCIPAL:	
APPROVED	_____
DENIED	_____

COMPLETE THIS FORM AND SUBMIT TO PRINCIPAL FOR APPROVAL. IF ACTIVITY IS APPROVED SUBMIT COMPLETED, APPROVED FORM TO DEBI PAGE TO PLACE ACTIVITY ON PGHS CALENDAR