MERCYHURST PREP SCHOOL

ACTIVITIES APPLICATION

TO BE FILED AT LEAST TWO WEEKS BEFORE EACH TERM

NAME OF EVENT______________________________________RECEIVED_____________

DATE OF EVENT____________________ APPROVED _____ NOT APPROVED _____

ADMINISTRATOR’S SIGNATURE __________________________ DATE ___________

GROUP SPONSORING EVENT_____________________________ TIME ___________

MODERATOR __________________________

Signature

CHAIRPERSON(S) __________________________

PROJECTED ATTENDANCE______ TICKETS\PRICE_______ TYPE OF DRESS_______

REFRESHMENTS____________________________

EQUIPMENT NEEDED_________________________ SECURITY NEEDED - ___ Yes___No

CHAPERONES ________________________________

(Attach List of Names)

CHECK- IN PROCEDURE ________________________________________________

CHECK-OUT PROCEDURE ______________________________________________

SET-UP BY MPS ___Yes___No CLEAN-UP BY MPS ___Yes___No

DESCRIPTION OF ACTIVITY

For all events related to athletics return to Tom Rinke.
For all other extracurricular events return to Deb Kooser.