JOHN A. FERGUSON SENIOR HIGH SCHOOL
ACTIVITIES APPLICATION (rev 8-16)

Activity: ____________________________________________

Organization: ____________________________ Sponsor: ____________________________

Requested Location: ____________________________ Desired Date: ________ Time: ___________
- If desired location is the Media Center, please complete the Media Center request form and turn into Mrs. Rae-Schulze. Check with Lissette Alvarez for availability.

(To be completed by office)

Actual Location: ____________________________ Actual Date: __________ Time: ___________

SPECIAL PERSONNEL REQUIREMENTS:

Police: Yes □ No □ #__________
- Must have police for 500 or more in attendance
- Must have police if money is collected at the event

Security: Yes □ No □ #__________
- Must have one (1) security for every 150 in attendance
- Must have police if money is collected at the event

Custodial: Yes □ No □ #__________

You do not need to hire custodians M-F. No events may be scheduled on Sunday.
- Custodial needs will be determined prior to event and approved by head custodian and administrator.

**All personnel requirements are subject to administrative approval.

- If video/sound services are needed (recording, playing school wide, etc.) please contact Mr. Martinez
- Do not assume the activity or video services are approved unless you receive notification from Mr. Martinez.

Official Use Only:

Custodian/Security Scheduled: _______________________________________________________

Hours Scheduled: _________________________________________________________________

______________________________________________
SPECIAL NEEDS/REQUESTS: (i.e., tables, sound system, props, etc.)

- Tables
- Microphones
- CD Player
- Lighting
- LCD Proj.
- Computer
- Laptop
- Other
- Podium
- Ticket Bth.
- Concession

SPECIAL INSTRUCTIONS/CONCERNS/REQUESTS:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

APPROVAL:

Approved _______  Denied _______

_________________________________________________________________

Activities Director  Administrator

_________________________________________________________________

Date Signed  Date Signed

Please remember that at any time your event may be need to be rescheduled due to testing or administrative directives.

Official Comments:

_________________________________________________________________

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