



Date: _____

Organization: _____

Date of Activity: ____ / ____ / ____

Time: _____

Day: _____

Location of Activity: _____

Officer Making Request: _____

Head Sponsor's Signature: _____

Type of Activity Planned (please describe): _____

Videos/films shown: Yes No

If yes, has it been approved: Yes No

Name: _____ Rating: _____

Remember: all video/film entertainment must be approved by Ad Council prior to showing.

List of chaperones: *(1 per 6 for Grade K-6, 1 per 8 for Grades 7-12)*

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

Approved Denied Date: ____ / ____ / ____

Signature of Administrator: _____