## How to schedule an activity

Student Government (Associated Student Body) decides if an activity gets approved.







There are two primary reasons that ASB approves activities:

- a) ASB tracks all campus activities on a central calendar. This ensures that activities do not overlap or occur at the same time. ASB does not determine the validity of an activity (except in the area of food sales as state law limits this area); they simply help regulate the calendar.
- b) It is necessary to have a paper trail; this will protect all parties involved.

Sample Activities: Concerts, Plays, Recitals, Banquets, Club Events, Lunch Events, Displays, etc.

Once your group has decided to do any kind of activity, you must fill out the activity form. If you need a facility within the school, you must fill out the appropriate request. Remember to coordinate the facility and the activity form. The ASB may approve the activity; it is up to you to make sure the facility is available. See sample: **Activity Request Form** 

Check the "Facility Use" calendar link on Central's website before filling out your paperwork.

www.spartansnet.net → "About Us" → "Use of Facilities" → "District Use"

Advisors Note: The facility use form is a binding contract with the district. Therefore, students are not allowed to submit this form.

Custodial Services: Please keep in mind that if your club will require custodial services (after hours), you will be billed by the district. It is a flat rate of \$30 per hour.

**Security Guard**: If you require a security guard for an after hours event, please coordinate with our VP of Student Services.

**D.J./Music**: If contracting a DJ / band for an activity, you must have them fill out a CUHS contract. See sample: **Music Band / DJ Contract** 

NOTICE: A lack of planning on your part does NOT constitute an emergency on our part!

## **Central Union High School**

Associated Student Body

## **Activity Request**

(Not a fundraiser)

	Today's Date		
Club/Organization			
Type of Activity and Pu	rpose		
Location of Activity:			
Activity Date/s		to	
Chaperones: (if applical	ole)		
Faculty		Parent	
Advisor Signature:			
	☐ Approved	☐ Denied	
Date	Signaturo	2	
		ASB Director/Principal /Assistant Principal	
Comments:			