

JAMES T. HUTCHISON HIGH SCHOOL
ACTIVITY PROPOSAL

GROUP: _____

SPONSOR: _____

PROPOSED ACTIVITY: _____

DATE(S) OF PROPOSED ACTIVITY: _____ **TIME:** _____

EQUIPMENT/MATERIALS NEEDED: _____

LOCATION OF ACTIVITY: _____

ANTICIPATED COSTS: \$ _____

ANTICIPATED REVENUES: \$ _____

PROFITS TO BE USED FOR: _____

Applicants Signature: _____ **Date:** _____

OFFICIAL SIGNATURES:

Approve Acknowledge Disapprove

_____	_____	_____	Sponsor _____	Date: _____
_____	_____	_____	Student Council _____	Date: _____
_____	_____	_____	Administrator _____	Date: _____

CONDITIONS FOR APPROVAL: _____

