



## Novato High School Campus Activity/Event Approval Form



*This form must be completed and submitted at least seven (7) days prior to proposed event.*

*Agendas, skits, speeches, and presentations must be cleared by administration seven (7) days in advance.*

Name of Activity/Event: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_ Start/End Time: \_\_\_\_\_

Room/Locations(s) \_\_\_\_\_ Point Person: \_\_\_\_\_

Event Supervisor: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Who will setup?: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Who will clean-up?: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Custodial Services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Audio or Visual Equipment Use Training? Email [help@nUSD.org](mailto:help@nUSD.org) with specifics

### **REQUIRED SIGNATURES**

Point Person/Organizer: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Manager (Caroline): \_\_\_\_\_ Date: \_\_\_\_\_

Custodial (Michael Proffitt): \_\_\_\_\_ Date: \_\_\_\_\_

Administration (Greg Fister): \_\_\_\_\_ Date: \_\_\_\_\_

### **IF APPLICABLE**

Activities (Stephanie Searle): \_\_\_\_\_ Date: \_\_\_\_\_

Athletic Area(s) (Michele Sanner): \_\_\_\_\_ Date: \_\_\_\_\_

Gym/PE Area(s) (Bruce Ferrigno): \_\_\_\_\_ Date: \_\_\_\_\_

Library (Christina Moore): \_\_\_\_\_ Date: \_\_\_\_\_

PAC (Michelle Cortez): \_\_\_\_\_ Date: \_\_\_\_\_