



Kearny High Educational Complex Activity Request (ARF)

*The Administration is required to approve any facility activity.
You must have this form approved prior to your activity.*

PROCEDURE:

1. This request must be completed and submitted to Maria Lopez or sent to mlopez4@sandi.net at least two (2) weeks prior to the event. If the request is for room 301, please submit to Gina Turner in EID or gturnersantiago@sandi.net. For available dates/times of the facility requested, check with Maria Lopez in the main office.
2. When approved, the event will be placed on the Facility Calendar.
3. No publicity information can be distributed until the request form has been returned approved.
4. Please notify Maria at mlopez4@sandi.net if your event is canceled or Gina at gturnersantiago@sandi.net for Rm. 301 event cancellation.

Club / Organization Name: _____

Sponsor Name: _____

Date Submitted: _____

Sponsor Email: _____

Activity Date(s): _____

Sponsor Phone: _____

Set-up Time: _____ AM / PM

Description of Activity: _____

Start Time: _____ AM / PM

End Time: _____ AM / PM

Facility Requested: Auditorium Rick Corlett Presentation Room (RCP) Classroom(s) _____

Cafeteria Little Theatre Library Other _____

Services Required: Custodial Finance Security

Equipment/Set Up: Sponsor is responsible for obtaining and supervising all equipment in the auditorium. If sound booth is required, please contact an Administrator in a small school for set up. Food and drinks are only allowed in the cafeteria.

ACKNOWLEDGED & APPROVED BY:

The sponsor is responsible for the supervision of the activity, students and use of the facility and equipment. Students are not to be left in any facility without an adult present. When the activity ends, the sponsor must secure all equipment, lighting, windows and doors and clear all students and guests from the campus. The facility should be returned to its original condition and all trash must be picked up.

Sponsor: I accept responsibility for the supervision of the activity, the students, the facility and equipment.

Sponsor Signature

(For Office Use Only)

Date Received: _____

Activity Approved or NOT Approved

APPROVED BY:

Principal: Ana Diaz-Booz

Print

Signature

Date: _____