



MCC ACTIVITY REQUEST FORM

FORWARD ALL REQUESTS TO: Jodie Railling, Grade 7-12 Administrative Assistant

To be completed by the organization requesting the activity and submitted at least two (2) weeks prior to the event.

Today's Date _____ Date of Activity _____

Sponsoring Group _____

Description of Activity _____

Times:

Set-Up _____ Tear-down _____
Activity Begins _____ Activity Ends _____

Activity Location _____ Transportation Needed _____

Electronic Sign message: yes or no

Special Requests/Needs – Including Technology (please be specific):

Name of Chairperson _____ Phone # of Chairperson _____

Additional Comments _____

FOR ADMINISTRATION PURPOSES ONLY

- This event is APPROVED
 - Placed on the school calendar
 - Permission Forms Required
- This event has been DENIED

Approval Signature _____

Date _____

Distribution List:

- | | |
|---|---|
| <input type="checkbox"/> 7-12 Office | <input type="checkbox"/> Director of Advancement |
| <input type="checkbox"/> PreK-6 Office | <input type="checkbox"/> Director of Food Service |
| <input type="checkbox"/> Athletic Director | <input type="checkbox"/> Campus Minister |
| <input type="checkbox"/> Director of Facilities | <input type="checkbox"/> Technology Office |

Comments

- Kitchen Request Agreement Required**