

## ACTIVITY PLANNING SHEET

Date Submitted: \_\_\_\_\_ Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

Person(s) in charge: \_\_\_\_\_  
*(You will be held responsible by the school leadership for oversight of the event and the facilities you use unless other arrangements have been made)*

Type of Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Set-up will begin at: \_\_\_\_\_  AM  PM

Activity will begin at: \_\_\_\_\_  AM  PM and will end at: \_\_\_\_\_  AM  PM

Dress code: \_\_\_\_\_

Cost per person: \_\_\_\_\_ Is ticket purchase necessary?  Yes  No

Are medical release forms necessary? :  Yes  No