



**Miami Killian Senior High School
APPLICATION FOR ACTIVITY**

Date of Application: _____

Contact Name: _____

Room #: _____

Email _____

Phone #: _____

NAME OF ORGANIZATION _____

Type of Event: _____

Purpose: _____

Description of Event: _____

Date(s) of Event _____ Start time _____ End Time _____

Location: _____

Funding For Activity: _____

Equipment Needed: _____

Personnel Needed:

Custodian: YES _____ NO _____

Security: YES _____ NO _____

Police Officer: YES _____ NO _____

Additional Information: _____

ALL REQUESTS MUST BE SUBMITTED TWO WEEKS PRIOR TO THE EVENT

APPROVED _____

NOT APPROVED _____

Date Not Available _____

Location Not Available _____

Activities Director: _____

Principal: _____