

**Emmaus High School
Activity & Social Function Application**

Please complete the following application. Please remember to clear all dates and locations with the Activities Office before submitting this application. This application should be completed by the advisor and/or sponsor, and returned to the Activities Office at least two weeks prior to the scheduled event.

Name of Organization: _____

Advisor: _____

Cell Phone: _____

*****If your activity is during the school day, please inform us of your coverage request and attach a student roster including dismissal times to this application.**

Period(s) of Advisor Coverage: _____

Student Chairperson: _____

Home Phone: _____

Cell Phone: _____

Activity Description: _____

Admission Price (if applicable): _____

Date(s): _____

Location(s): _____

Set-Up Start Time: _____

Event Start Time: _____

Event End Time: _____

Maintenance & Equipment Requests (Tables, Chairs, Trash Cans, etc.): _____

Outside Entertainment (Type, Name, Address, Phone): _____

Refreshments (Food/Beverage, Vendors): _____

Advertising Methods (Describe): _____

Publicity Chairperson: _____

Home Phone: _____

Cell Phone: _____

Payment Procedure (Checks to be written with dates): _____

IMPORTANT: Please submit a copy of the attached accounting report to Deb Muthard no later than 5 days after the conclusion of your event.

Chaperones:

Name: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Security: Activities/Socials that are open to the general public require security from the Emmaus Police Department. The rate for each security officer is \$25/hour for the duration of the event and the rate will be charged to the organization.

Requested Number of Security Officers: _____

Location: _____

Time of Coverage: _____

Advisor Initials: _____

Activity/Social Function Application

Principal's Approval/Signature: _____ Date: _____

Principal's Comments: _____

For Office Use Only

Activities Office _____ Date _____

**Emmaus High School
Activity/Social Function Accounting Report**

To be completed by the advisor and/or sponsor after the completion of the activity and returned to the Activities Office within five (5) days after the event.

Name of Organization: _____

Advisor: _____ Home Phone: _____ Cell Phone: _____

Student Chairperson: _____ Home Phone: _____ Cell Phone: _____

Activity Description: _____ Activity Date: _____

Expenditures:

Item:

Amount:

Total Expenditures:

Receipts:

Item:

Amount:

Total Receipts:

Total Profit or Loss:

\$