

# MCC ACTIVITY REQUEST FORM

**FORWARD ALL REQUESTS TO: Barb Antekeier, Executive Administrative Assistant**

## SECTION ONE:

**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 \_\_\_\_\_

Time - Set-Up Begins \_\_\_\_\_ Time - Clean Up Done \_\_\_\_\_

Time - Activity Begins \_\_\_\_\_ Time - Activity Ends \_\_\_\_\_

Building Location \_\_\_\_\_ Transportation Needed \_\_\_\_\_

**Special Needs – Including Technology** (please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Chairperson \_\_\_\_\_ Phone # of Chairperson \_\_\_\_\_

Additional Comments \_\_\_\_\_

## **FOR ADMINISTRATION PURPOSES ONLY**

\_\_\_\_\_ This event has been approved and placed on the school calendar.

**NOTE:** \_\_\_\_\_

\_\_\_\_\_ This event has been rejected RE: \_\_\_\_\_

\_\_\_\_\_ Permission Forms Required

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Distribution List and Date:**

\_\_\_\_\_ Barb Antekeier, Exec. Administrative Asst.

\_\_\_\_\_ Athletic Director

\_\_\_\_\_ Director of Building & Grounds

\_\_\_\_\_ Fund Development Office

\_\_\_\_\_ Director of Food Service

\_\_\_\_\_ P-6 School Office

\_\_\_\_\_ K-12 Campus Minister

\_\_\_\_\_ Technology Office

Upon receipt of this form is official approval of the event.

Other: \_\_\_\_\_

**The Kitchen Facility Request Agreement Is On The Reverse Side - Please Complete If Applicable**