

**Central Union High School**  
Associated Student Body  
**Activity Request**

Date \_\_\_\_\_ Club/Organization \_\_\_\_\_

Type of Activity and Purpose \_\_\_\_\_

Requested Activity Date/s \_\_\_\_\_ to \_\_\_\_\_

Chaperones: (if applicable)

Faculty  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Organization Point of Contact  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1 - 2** ASB Items to borrow:  None  Tables\* \_\_\_  Shades \_\_\_  Ice Chests \_\_\_

Submitted by - Advisor Signature: \_\_\_\_\_

ASB Director: Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved  Denied

Comments: \_\_\_\_\_

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

Principal / Assistant Principal

Approved  Denied

Comments: \_\_\_\_\_

\*\*It is the organizer / advisor's responsibility to complete a CUHSD facility request online with specific instructions for set up, or to request additional equipment (tables). Activity requests must be submitted a minimum of two weeks prior to the date of activity.