## **Capitol Hill High School** Activity Booking Form \*\*\*Must be turned in TWO FULL WEEKS prior to event\*\*\*

(Days that fall on a school break do NOT count towards the two week requirement)

	G OFF CAMPUS
Organization	Teacher/Sponsor
TypeofActivity	Place of Activity
Date of Activity	Time
Brief description and purpose of activity	:
Number of Students Participating:	
Sponsor will miss time blocks:	
	Activity Excuse Slips Number Parental Permission Slips Number Purchase Requisition Social Activity Form Transportation Request Form Professional Leave Form
Date	Sponsor-Signature
Approved Not Approved	Activities Director
OMMENTS:	Principal