Please fill in and submit this form to Extracurricular Activities Unit.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTIVITY** | | | | | |
| **Title:** |  | | | | |
| **Date and Time:** |  | | | | |
| **Location:** |  | | | | |
| **Type:** | □ one-time | □ recurring (how often:………….………..) | | | |
| **Details:** explain the proposed activity in detail |  | | | | |
| **Benefits of participation:** explain how the proposed activity will contribute to learners’ personal development |  | | | | |
| **Facilities requested:** | □ Conference hall | | □ Meeting room | | |
| □ Classroom | | □ Shuttle bus | | |
| □ Other (*please specify*)………………………………………………………………….. | | | | |
| **Budget required:** | □ Yes (amount:…………………….)  please attach a list of required items | | □ No | | |
| **No. of participating students** |  | | | | |
| **Proposed by:** |  | | | | |
| **Signature:** |  | | **Date:** | |  |
|  | | | | | |
| **EXTRACURRICULAR ACTIVITIES UNIT** | | | | | |
| **Comment:** |  | | | | |
| **Opinion:** | □ in favor | | □ against | | |
| **Signature:** |  | | **Date:** | |  |
|  | | | | | |
| **VICE PRINCIPALS’ OFFICE** | | | | | |
| **Comment:** |  | | | | |
| **Decision:** | □ approved | | □ not approved | | |
| **Signature:** |  | | **Date:** |  | |