

Math and Science Academy – Event/Fundraising Registration Form

****Form must be completed minimum of two weeks prior to event, no exceptions.****

1. Find a staff member to be the advisor and get signature. If you are a parent or staff member you need to follow the same procedure.
2. Meet with Activities Director, advisor, and lead students. Check with Activities Director to see if the date for event/fundraiser is available. Complete event details.
3. Enlist the help of chaperones.
4. Bring back to Activities Director for final approval.
5. Bring form to the Director to make a final approval. You will be notified within 48 hours if approved.

STEP ONE

Advisor in Charge (Signature): _____
Person Completing This Form (Please Print): _____
Today's Date _____
Name of Event/Fundraiser: _____
Date of Event/Time: _____

STEP TWO - Meet with Activities Director, to see if date for event or fundraiser is available and to discuss details.

Description of Event/Fundraiser _____
Where event/fundraiser will be held _____
If held in the gymnasium, receive approval and signature from Activities Director **Activities Director Signature** _____
Include purpose and how proceeds are to be used. _____
What's the cost to students? _____
For what grade level(s) is this event for? _____

STEP THREE

*All events need at least **TWO additional** staff members and **FOUR** parents to chaperone. You can have more chaperones, whether teachers or parents, but there must be at least three total teachers and four parents. Additionally, all events need **at least one female and one male** chaperone (can be MSA staff or parent).

1. Staff Name _____ Signature _____
2. Staff Name _____ Signature _____
3. Parent Name _____ Signature _____
4. Parent Name _____ Signature _____
5. Parent Name _____ Signature _____
6. Parent Name _____ Signature _____

All events are subject to cancellation if this form is not completed and returned to the MSA Director for final signature at least **14 DAYS (TWO WEEKS)** before the event is scheduled.

STEP FOUR

MSA Activities Director Signature _____ Date _____

STEP FIVE

MSA Director Signature _____ Date _____

