

# Pleasantville Public Schools



Dr. Felicia Hyman-Medley, Acting Superintendent

## Activity Form

(One form per activity/event)

School / Grade: \_\_\_\_\_ Organizer: \_\_\_\_\_

Organization/Club/Group: \_\_\_\_\_

Start Date & Time: \_\_\_\_\_ End Date & Time \_\_\_\_\_

Name: \_\_\_\_\_

Description: \_\_\_\_\_

Justification: How does it connect to (NJSLA):

\_\_\_\_\_

\_\_\_\_\_ Requires District Staff \_\_\_\_\_ # of Staff needed (after hours only)  
\_\_\_\_\_ Volunteers \_\_\_\_\_ Overtime \_\_\_\_\_ Both Funding Source: \_\_\_\_\_

If Vendor is needed, Why? Justification:

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

Cost: \_\_\_\_\_ Funding Source \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Not Approved