

PASSAIC VALLEY REGIONAL HIGH SCHOOL

100 EAST MAIN STREET, LITTLE FALLS, NEW JERSEY 07424

Dr. Bracken Healy
Superintendent



Mr. Joseph Benvenuti
Director of Athletics
and Student Activities

REQUEST FOR IN SCHOOL EVENT APPROVAL

DATE: _____

CLUB/GROUP MAKING REQUEST: _____

CLUB OR CLASS ADVISOR/COACH/SPONSOR: _____

DATE(S) OF PROPOSED ACTIVITY: _____

PROPOSAL BEING MADE (*MUST BE IN SUFFICIENT DETAIL TO PERMIT DECISION BY THE DIRECTOR OF STUDENT ACTIVITIES*): _____

LOCATION WHERE EVENT WILL BE HELD. *PLEASE SEE AMY PELLEGRINI TO RESERVE A ROOM IF NEEDED*: _____

SIGNATURE OF DIRECTOR OF ATHLETICS/STUDENT ACTIVITIES:

APPROVAL: _____ DISAPPROVAL: _____

SIGNATURE OF SUPERINTENDENT:

APPROVAL: _____ DISAPPROVAL: _____

COMMENTS: