



2021-2022 ON CAMPUS Activity Request

All TKA-related Activities are expected to be conducted in a manner that honors God and supports the mission of the school. If the nature of this Activity does not support both, future requests will be subject to disapproval.

Today's Date: _____ Class, Group or Club requesting the Activity: _____

ACTIVITY DETAILS

DESCRIPTION

Activity: _____ How many participants?: _____

Meeting: _____ How many participants?: _____

If food is being provided - What kind? _____ For how many? _____

Fundraiser (discuss with Business Office prior to submission AND obtain initials) / Business Office initials: _____

Goods being sold: _____ Recipient of funds: _____

LOCATION: Select all that apply

W Bldg. W Kitchen Theatre Main Quad Athletic Quad Main Gym Main Field

Other: _____

SUPERVISION (If all-class event): TBD or List _____

Is tech equipment or room / location set-up needed?

No Yes (Attach or submit a Facilities Request form at least one week before activity)

Additional Comments: _____

DATE/TIME INFORMATION (Calendar is on reverse side for reference)

Activity Date(s): _____

Time(s): School Periods (Check all that apply): A B C D E F G Brunch Lunch

Non-School Hours From: _____ am pm To: _____ am pm

Comments: _____

COST INFORMATION (If there is a cost, discuss with Business Office prior to submission AND obtain initials)

Who is paying for this event? No Cost School Budget account #: _____ (Attach budget or complete reverse side) Student (Business Office initials: _____)

REQUESTOR INFORMATION

Adult Requestor Printed name: _____ Role: Staff Parent Coach

OR _____

Student Requestor Printed name: _____ (Staff sponsor signature required)

Staff Sponsor Signature: _____ Printed Name: _____

Table with 2 columns: APPROVAL SIGNATURES and Approver Remarks. Rows include Operations Coordinator, Director of Operations, and Dean's Office.

Approver Remarks

Activity Budget Worksheet

With the understanding that a budget is simply a plan on spending money, please project, as accurately as possible, anticipated sources of income, and anticipated expenses. **BOTH TOTALS SHOULD MATCH EACH OTHER.**

Income Sources

		Amount
	Sample: Class Budget	\$ 1000
1.		\$
2.		\$
3.		\$
Total		\$

Estimated Expenses

		Amount
	Sample: Ticket Price \$10 x 100 students	\$1000
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
Total		\$

2021-22 SCHOOL CALENDAR

Shaded days represent "NO SCHOOL" days or weeks,
testing and all-schools events or activities

August						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
					31	

November						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				