

**THE SCHOOL BOARD OF BROWARD COUNTY FLORIDA
PROJECT APPROVAL FORM**

Log # _____

This form must be completed and submitted to the Administration at least two weeks prior to the start of the project. The original form is submitted to the Bookkeeper to maintain for audit.

1. Today's Date _____
2. Requesting Organization _____
3. Sponsor's Name _____
4. Brief Description of Project and Purpose (e.g. money for travel to a competition, Prom etc.)

5. Dates Requested:
- | | | | | |
|-------------|-------------------|-----------------|-------------------|-----------------|
| 1st Choice: | Start Date: _____ | End Date: _____ | Start Time: _____ | End Time: _____ |
| 2nd Choice: | Start Date: _____ | End Date: _____ | Start Time: _____ | End Time: _____ |
| 3rd Choice: | Start Date: _____ | End Date: _____ | Start Time: _____ | End Time: _____ |
- (Circle the choice that was approved)

Date Financial Report is due: (Based on ending date of sale plus ten school days) _____

6. Will the Project or Sale take place **on** or **off** of campus?: _____
- Specify Location: _____ or circle Auditorium Dell Lab Gym The Wave

Specify Event Needs (check all that apply):

<input type="checkbox"/> Security Needed" <small>Security will be paid hourly rate</small>	<input type="checkbox"/> Custodial Needed" <small>Rooms/ Participants: Custodial Need: 0-25/ 0-650: 1 25+/ 650+: 2 Custodial will be paid their hourly rate)</small>
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7. Type of Project: (check one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Community Service
<input type="checkbox"/> Citizenship Development
<input type="checkbox"/> Membership Motivation | <input type="checkbox"/> School Service
<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Faculty Activities
<input type="checkbox"/> School Spirit |
|--|---|---|

8. Does this organization have any Fundraising Reports that are outstanding? _____

Log No.	Name	Log No.	Name

Bookkeeper's Signature _____ Date _____

After the completion of the above information, this Project Approval Form is to be submitted as directed by the Principal for the necessary approvals. Sign Below as indicated.

Class/Club/Department Representative: _____

Teacher/Sponsor: _____

Administrative Approval (Mr. Selvidge): _____

(Please fill out the back of this sheet if you are using the auditorium)

AUDITORIUM EQUIPMENT USAGE

EQUIPMENT	YES	NO	NUMBER
Microphone(s)			
Lighting			
Piano			
Projector			
USB Presenter Remote			
Computer			
Lighting Tech			
Sound Tech			
Is this a ticketed show?			
Would you like the online tickets system?			

If technicians are not used, it is the responsibility of the sponsor or club officers to make sure the following things are completed at the conclusion of the auditorium event:

Initial below

_____ **Microphone & Cables are secured**

_____ **House lights are turned off.**

_____ **Piano is closed and cover is on**

_____ **Stage lights are turned off**

_____ **Sound equipment is turned off**

_____ **Projector is properly turned off**

_____ **Curtains are raised**

Auditorium Approval (Mr. Franks Room 151): _____