



| The | | of (School or District) |
|------------------------|---|--|
| (PAC, Group, | Society, etc.) | (School or District) |
| requests the school of | or District sanction to ho | old the following activity: |
| Name of activity: | | |
| Date: | | |
| Location: | | |
| Description &/or Cor | nments: | |
| Contact Person: | | |
| Sanctioning is hereby | | |
| GRANTED | - liability insurance | will be extended to this activity |
| DENIED | - if the group procee | eds with the activity: |
| | The school of activity. | vill not accept fundraising donations from the activity. or District name shall not be used in connection with this will fall on the individuals involved. |
| COMMENTS: | | |
| | | |
| | | PRINCIPAL |
| | | GROUP REPRESENTATIVE |
| | | DATE |

Related Policy: Nil

Related Administrative Procedure: 300.1 Liability Insurance, 200.2 Student Medication Revised: August 22, 2018