

Superintendent of Education

George Washington High School 298 Washington Drive, Mangilao, Guam

Phone: (671)734-2911

Student Activity Request Approval Summary Sheet



Lynda S. Hernandez-Avilla Principal

Name of Event:			Activity Number			
Sponsoring Organization			Date			
Chairperson			Time:			
Contact Info:			Location:			
Advisor:						
Contact Info:						
The forms indicated below w If your activity or fundraiser						
[] Form A - Activity plan	nning sheet (inclusive of a	ctivity detai	ils and time lines)			
[] Form B - Parent Perm						
[] Form C - Student / Pa	rent Selling Contract					
[] Form D1 - Solicitation	- ,					
	rm Receipt (to company a omit a copy) [] ticket	·				
•	e, time, venue, date, ticket numl	•			1.	
Form F - Food Sales I		,	,			
[] Form G - Contracts fo	r any royal court or other	similar typ	es of activities			
[] Field trip forms - (on/	off campus events during	school time	e) See curriculum	office.		
[] Attach other relevant	forms not associated in th	is packet lis	t. (memo from Di			
DEPOSITS to be ma					to be made:	
	[] Daily					
					by	
/ewillabide by all rules and regulations set for th by George /ashington High School and Guam Education Board.			I	Request Recei	ved by	D 1.1
ashington righ school and G	uam Education Board.					Recommended [] Yes [] No
		T. Nededo	· .	Date		
reasurer	Date	Activity C	oorainator			Recommended
		A. M. C. Q	 Ouinata	 Date		[] Yes [] No
resident	Date		dance/ Activities			
dvisor	Date					Approved [] Yes [] No
MY1501	Date	Lynda Herna Principal	nandez-Avilla	Date		
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'Shaping a better community by developing college and career-ready students through quality education."

John Castro Chris Castro
Assistant Principal Assistant Principal
Special Programs ESL Discipline

Aggy M. C. Quinata Assistant Principal Attendance / Business Ulric Mark Assistant Principal Curriculum Bernidete Perez Administrative Officer Facilities

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George Washington High School Form A - Activity Planning Sheet

Name of Event:	Date	
Sponsoring Organization	Time:	
	Location:	
Activity Goal		
Fundraising Goal		
Meeting Date(s):	Time / Place:	
Description of the Event	Requi	red Materials
	ı	

What tasks need to be done?	Who is responsible for the task?	When will the task be completed?	Was the task completed?