

Del Mar High School
Project Proposal

Club or Organization Name: _____

Project Coordinator: _____

Contact Phone #: _____

Project Name: _____ **Dates:** _____

Time: Before School Lunch After School Evening Summer

Purpose / Description of Project: _____

_____ Please include this event on the school calendar

Location:

OFF CAMPUS _____

ON CAMPUS Quad Cafeteria Classroom PAC Gym Stadium

Is collection of money involved? YES NO

If YES, please fill out the fundraising request form

Do you need anything from ASB? (Please circle)

Cashbox Sound System Tables Publicity Supplies Other _____

If requesting sound system, please provide the name of the club contact running tech

Approvals:

Club Advisor: _____

Activities Director: _____

ASB Vice President: _____