



Chesapeake Math & IT Academy Charter School

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Activity Request Form

Name of the Activity: _____ Activity Date(s): _____

Location of the Activity: _____

This activity is open to: _____

Purpose of the activity: _____

Describe how school is expected to support the event (e.g. cafeteria should be available, restrooms need to be cleaned after the activity, one staff member must be present, etc)

Other details: _____

Estimated expenses: _____

Estimated revenues: _____

Name of the requester: _____ Date: _____

Signature: _____

PTO President: _____ PTO Vice President: _____

Principal's Signature: _____ Date: _____

Please attach a copy of the event flier, if there is any. Submit through Google drive by sharing it with the principal