



# MOUNT CARMEL SCHOOL

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## Mount Carmel School Event Request Form

Requesting Club/Homeroom: \_\_\_\_\_

Advisor Name(s): \_\_\_\_\_

Date of Submission: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Event Begins: \_\_\_\_\_ Event Ends: \_\_\_\_\_

Number of Students Participating: \_\_\_\_\_

Purpose of the Event: \_\_\_\_\_

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\_\_\_\_\_ I have read and agree to enforce all written policies and procedures regarding extracurricular activities at Mount Carmel School, and I acknowledge that I may be held liable for any and all risks and financial commitments incurred by this club.

\_\_\_\_\_  
Primary Advisor

\_\_\_\_\_  
School Principal