

# AMERICAN SCHOOL OF KUWAIT

## COMMUNITY ACTIVITIES

**ACTIVITY**

**SPONSOR**

**Contact:**

**HOME PHONE NO.**

**BUSINESS PHONE NO.**

**FAX NUMBER**

**DAY(S)/DATE(S) OF ACTIVITY**

**TIMES OF ACTIVITY**

**DESIGNATED AREA FOR ACTIVITY**

**NUMBER OF STUDENTS**

**AGE OF STUDENTS**

**LIST SPECIAL REQUIREMENTS, IF ANY**

**\* Please follow up with the maintenance director for these requirements.**

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**\* Please be sure that you provide me and the security gate with a list of students for whom you will be responsible. Make amendments to this list as/when they occur.**

**\* A final reminder that students may not enter the campus until the designated sponsor is present. All areas of the campus other than the designated area for the activity are off limits to the students, at all times.**

**SIGNATURE** \_\_\_\_\_

**DATE**