

Mounds View Public Schools Ends and Goals Form

EG-5115-A Request for Financial Support for Non-Athletic Competitive Student Activity Beyond the State Level

Name of Competitive Event _____

Date of Competitive Event (from) _____ (to) _____

Location _____

Name/s of Student Participant/s:

Name/s of Staff Advisor/s: _____

Name/s of Parent Advisor/s: _____

(Criminal background checks must be completed for these individuals.)

ESTIMATED EXPENSES PER PERSON

	Staff Advisor	Student	Total
Registration			
Transportation			
Lodging			
Total			
# of participants			
Grand Total			

35% of all Student Expenses \$ _____

I have read and understand the procedures listed in Reg. EG-5115.

Staff Advisor Total \$ _____

Total Estimated Cost to District \$ _____

Signature of Advisor

Signature of Principal

Signature of Dir. of Comm. Ed.

Date

Date

Date

(Include a copy of your group's qualifications from the sanctioning organization and Volunteer Criminal Background Check form for each parent advisor/chaperon.)