



Please Return On Monday

School Mascot: _____

Prom Dance Date: _____

DATE OF EVENT: _____ START TIME: _____ 1 hour 1.5 hours 2 hours

APPROX. # OF STUDENTS: _____ FRESHMEN: _____ SOPHOMORES: _____ JUNIORS: _____ SENIORS: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL TELEPHONE NUMBER: _____

SCHOOL PRINCIPAL: _____ EMAIL: _____

PRESENTATION CONTACT: _____ EMAIL: _____

PRESENTATION CONTACT DIRECT PHONE/CELL NO: _____

IT DIRECTOR: _____ EMAIL: _____

IT DIRECTOR DIRECT PHONE NO: _____

COVID PROTOCOLS: _____ DO YOU HAVE DEAF STUDENTS WHO NEED AN INTERPRETER? _____

LOCATION OF PRESENTATION (I.E. GYM, CAFETERIA): _____ HANDICAP ACCESSIBLE: _____

SCHOOL HAS THE FOLLOWING EQUIPMENT TO USE FOR PRESENTATION:

- SOUND SYSTEM/SPEAKER
- MICROPHONES
- SCREEN
- SMARTBOARD
- PROJECTOR
- LAPTOP

----- TO BE COMPLETED BY MDRS STAFF -----

SITE COORDINATOR: _____ Phone # _____

MHP SPEAKER: _____ Phone # _____

MDRS SPEAKER: _____ Phone # _____

MDRS CLIENT: _____ Phone # _____

NOTES:
