

SCHOOL MASCOT: _____ PROM DANCE DATE: _____

DATE OF PRESENTATION: _____ START TIME: _____ ☐ 1 HOUR ☐ 1.5 HOURS

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

SCHOOL NAME: _____

SCHOOL ADDRESS: _____
STREET CITY STATE ZIP

SCHOOL TELEPHONE NUMBER: _____

SCHOOL PRINCIPAL: _____ EMAIL: _____

PRESENTATION CONTACT: _____ EMAIL: _____

PRESENTATION CONTACT DIRECT PHONE/CELL NO: _____

IT DIRECTOR: _____ EMAIL: _____

IT DIRECTOR DIRECT PHONE NO: _____

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

SCHOOL HAS THE FOLLOWING EQUIPMENT (IN WORKING ORDER) TO USE FOR PRESENTATION:

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

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

MDRS CLIENT: _____ PHONE # _____

MHP SPEAKER: _____ PHONE # _____

SITE COORDINATOR: _____ PHONE # _____

MDRS SPEAKER: _____ PHONE # _____

NOTES: