SALINE AREA SCHOOLS BANQUET REQUEST

Banquet Loc	ation:			
Date: _	Time:			SALINE COMMUNITY
	POIN	T OF CONTACT IN	NFORMATION	EDUCATION
Team/Club:				
Name: _				
Phone (1):_		Phon	e (2):	
Email: _				
		EQUIPMEN	T	
upon reques	yle tables and seats are avai t. You must request this of all be required for your ever	equipment at least tw	o weeks prior to your ev	ent. Please check each
I	Free Standing Tables:		How Many Tables?	-
. 1	Podium:	Maria Cara Cara Cara Cara Cara Cara Cara	Microphone:	
<i>/</i> 1	LCD Projector:	-	TV/VCR:	* areas and a second
	Overhead Projector:		Screen:	-
Other* (Plea	ase Explain):			
equipment mo	ment requested must be approved ove fee of \$20. ire technical assistance with Department at least two we	h any of the equipmen	t requested, please contact	
If your coa Supervisor	ent is scheduled outside of r ach/leader does not have key through the Community E Iding supervisor. The supe	ys to the building the education Department.	your club/team is response event is scheduled in, you re Your group will be billed	must secure a Building at a rate of \$12 per hour
Building S	Supervisor Required:	Yes:	No:	
4	14	FOR OFFICE US	SE ONLY	

Date:

Approved: