

PROGRAM REQUEST

Office Use: PRC ETCADA

No. of Programs: _____

Program(s) Date: _____

Type Program: _____ Alternative Activity

_____ Presentation Information

_____ Health Fair/Other

_____ Media

County: _____ City: _____

Program Name: _____

Requested by: _____

Organization Name: _____

Address: _____

City: _____

State/Zip _____

Phone: Office _____

Home: _____

Desired Topic: _____

Speaker(s): _____

Age Level: _____

Time(s) _____

Presentation Length: _____

Place: _____

Approximate Attendance: _____

For Office Use Only:

Date Received: _____ By: _____

FILM TITLES USED:	RESERVED	NUMBER TIMES SHOWN
1 _____	_____	_____
2 _____	_____	_____

Literature Distributed: _____ Youth: _____ Adult: _____

Actual Attendance: _____ Youth: _____ Adult: _____

Family Attendance: _____

Directions: _____

Other Info: _____
