

ATLANTA PUBLIC SCHOOLS MUSIC DEPARTMENT REQUEST FOR SYSTEM-WIDE PROGRAM DATE

Teacher's Name		Principal's Name	
School			
Name of Event		Date of Requested Event	
Time of Requested Event		Location of Requested Event	
Anticipated Audience			

Equipment Required (Indicate Amount Needed)

	Chairs For Audience		Chairs For Performers
	Choral Risers		Music Stands
	Lectern		Conductor's Podium
	Microphone(s)		Speaker(s)
	Lighting		Recording Equipment (Specify Below)
	Other		
	Other		

Teacher's Signature and Date _____

Principal's Signature and Date _____

**SUBMIT REQUEST TO vmporter@atlanta.k12.ga.us OR
FAX TO (404) 802-1601**