

School Mascot: _____

Prom Dance Date: _____

***If there are changes to the date or time of the presentation email PROM@mdrs.ms.gov as soon as possible.**

DATE OF PRESENTATION: _____ START TIME: _____ 1 hour 1.5 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: _____

SOCIAL MEDIA NAME: FACEBOOK _____

REQUEST FOR ROLLOVER SIMULATOR, IF AVAILABLE

LOCATION OF ROLLOVER SIMULATOR (I.E. TRACK, FOOTBALL FIELD, OR PARKING LOT) _____

MOCK CRASHES ARE SETUP BY LOCAL AGENCIES (POLICE DEPARTMENT, FIRESTATION, EMTS, FUNERAL HOME, ETC...)

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

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

SOUND SYSTEM/SPEAKER MICROPHONES SCREEN SMARTBOARD PROJECTOR LAPTOP

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

MDRS CLIENT: _____ Phone # _____

MHP SPEAKER: _____ Phone # _____

SITE COORDINATOR: _____ Phone # _____

MDRS SPEAKER: _____ Phone # _____

NOTES: