



TV20 COMMUNITY REQUEST FORM

Today's Date _____
 Requestor's Name _____
 Community Group _____
 DATE OF EVENT _____
 TIME OF EVENT _____
 LOCATION OF EVENT _____
 Name of Event _____

What LCS teacher or administrator are you collaborating with? _____

How is this event district driven? _____

Has everyone involved with this event been notified that it is being broadcasted on TV-20? Yes
 No

Details:

Requestor's Signature _____

Requestor's Title _____

LCS Approval _____

*****All requests should be submitted to jbock@loraincsd.org at least 2 weeks prior to the event*****