

TEACHER OF THE YEAR SCHEDULING REQUEST FORM

OKLAHOMA STATE DEPARTMENT OF EDUCATION

Today's Date

Name of Event

Sponsoring Group

Event Date

Beginning Time

Ending Time

Length of Speech

Number of Attendees

Topic of Remarks

Who will introduce the Teacher of the Year?

Event Location/Address

Open to public? YES NO

Media invited? YES NO

VIP's and other elected officials attending

Who will be seated with the Teacher of the Year?

Attire

Podium/Sound Equipment (Podium is required)

Contact Name

Contact Phone

Please provide an office, cell, and after-hours phone number

Contact Email

Location Phone

Background Information (Required)

