

# 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)

Please return this form to: [events@sde.ok.gov](mailto:events@sde.ok.gov)

