

EFFECTIVE COMMUNICATION REQUEST FORM

Steilacoom Historical School District No. 1

***Please note:** The district needs as much advanced notice as possible to ensure that reasonable accommodations are met. Reasonable efforts will be made to accommodate requests made less than 48 hours in advance of a scheduled program, activity or event.*

Date of request: _____

Request Type: _____

Contact Persons:

	Name	Email, Phone or Website (preferred communication)
Individual making request		
Building manager (Principal) where event will take place		
Event Contact Person(s)		

Event Details: *Please attach any relevant supporting information (i.e., event flyer or brochure).*

Event Name:	
Event Date:	
Start and End Time:	
Event Description (i.e., lecture, seminar, meeting, sports event):	
Location (i.e., building, facility, off-campus school-sponsored activity):	
Other relevant details:	

If aids or services are needed for a meeting of the Board of Directors, please contact the Office of the Superintendent directly at 253-983-2203 or cjohnston@steilacoom.k12.wa.us

Please return completed form to:

**Steilacoom Historical District Office
511 Chambers Street
Steilacoom, WA 98388**