

# *Elkins High School*

## *Marquee Announcement*

### **Request Form**

Student's Name (please print):

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Parent/Guardian's Name:

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Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Announcement will run for 2 consecutive weekdays, unless other arrangements are made.**

**Requested Dates:** \_\_\_\_\_

Please indicate requested announcement dates

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Write desired announcement (limit of 60 letter spaces):

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**Cost: \$20 (cash or check: Elkins VIPS)**

Drop off at School Office or Mail to:

***Marquee Request 6140 Highway 6 #251 Missouri City, TX 77459***

Completed Announcement Request Form and payment must be received at least 5 school days prior to desired announcement date.

For additional information please contact Rhonda Freeman at 832-865-3005 or email:

freeman0726@gmail.com