

LAUSD SHARING BRINGS HOPE SPEAKER REQUEST FORM

(Please submit as far in advance as possible)

Coordinator's Name: _____

Today's Date: _____ Phone _____

School/Unit: _____ Local District _____

Description of Event:

- _____ Coordinator Training
- _____ Staff Meeting
- _____ Fund Raising Event
- _____ Student Assembly: Playground___ Classroom___ or Auditorium ___
- Other _____

Day and Date: _____

Time of Event: _____

Location of Event: _____ Room # _____

Street Address: _____ City _____

Parking Instructions: _____

Contact at Site: _____ Phone _____

Size of Audience: _____ Length of Event _____ Speaking Time per FDA Representative _____

Special Instructions: _____

Please invite the following FDAs (it is recommended you pick 2-4 agencies):

<input type="checkbox"/> Asian Pacific Community Fund	<input type="checkbox"/> Brotherhood Crusade
<input type="checkbox"/> Community Health Charities of CA	<input type="checkbox"/> Earth Share of California
<input type="checkbox"/> Hispanic Scholarship Fund	<input type="checkbox"/> Kathryn Kurka Children's Health Fund, Inc.
<input type="checkbox"/> LAUSD Employee Sponsored Scholarship Fund	<input type="checkbox"/> Los Angeles Trust for Children's Health
<input type="checkbox"/> United Latino Fund	<input type="checkbox"/> United Negro College Fund
<input type="checkbox"/> United Teachers Educational Foundation	<input type="checkbox"/> United Way of Greater Los Angeles

(Additional copies available at www.SharingBringsHope.org)

Please fax this form to (213) 368-6231

FDA USE:

Date Received by LEAD Agency _____ Date faxed to agencies _____