

Date Received _____ Date Available? Yes or No Payment: Cash or Check # _____
Amount _____

Elkins High School

Marquee Announcement Request Form

Student's Name (please print):

Parent/Guardian's Name:

Phone Number: _____

Email: _____

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

Requested Dates: _____

Please indicate requested announcement dates

Write desired announcement (**limit 5 lines and 12 spaces a line**):

Cost: \$20 (cash or check: Made out to Elkins PTO) 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 **10 school days** prior to desired announcement date.

Your date might not be available due to prior request that have already been turned in.
You will be contacted in this happens.

Marquee announcements are put up by **our parent volunteers** around their work and daily schedules so
please be patient with us. For additional information please contact

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Elkinsvips@gmail.com