

Warren Area High School

Return by FAX or e-mail to: 303-772-6422 klehman@creativelearningsystems.com

Attn: Kim Lehman, CLS Implementation Coordinator

Student Broadcast Studio Information Request Form

- •The person you appoint as the contact must be available during the critical four-week period before installation. In addition, please appoint a backup contact person.
- Please provide us with the following information to facilitate shipping, installation, and training.

	General	Information	on	
Main Contact /		DI		
Project Manager:				
i itie:		_ Fax:		
Backup Contact:		Phone:		
Title:		_ Fax:		
School:		Principal:		
Address:		Phone:		
City, ST, Zip:		_		
	Room	Renovation	n	
Person responsib	le for room renovation, construction: Phone number(s)			
	•Does he/she have a copy of the planview we created:	□ Yes	□ No	
■ Target date for co	ompletion of room renovation:			
• Telephone installed?		□ Yes □ No	Number:	
Please note: Elect	rical and data must be installed and operation	nal prior to		
	Facility Equipment			
 Requested install 	ation week / Monday's date:	First Choice	Second Choice	Third Choice
• Person responsib	le for sign-off of installation:			
• Does the school l	nave a loading dock?	□ Yes	□ No	
	nave access to a forklift?	\square Yes	□ No	
What floor is the				i
• If not the ground	level, is there an elevator?	□ Yes	□ No	



Training & Facilitators

Requested training week:	First Choice	Second Choice	Third Choice
Typically immediately following the studio i	installation - 2 de	ıys.	<u> </u>
 Number of educators attending studio training 			
Name of primary Facilitate	or:		
Phone Numbe	er:		
e-mail addres	SS:		
Background experience:			
Additio	onal Informat	tion	
• Is the facility accessible for evening/weekend installation?	1	□ Yes	□ No
• Are there any special security issues?		□ Yes	□ No
The there any special security issues.]	If yes, please give d	