Summit High School Valogram Form
Thursday, February 14, 2019

Val-o-gram to: _____

____ Summit High School $10.00 Teacher _____/_____
SILVER DAY Period Requested (list 2): 1 2 3 5 6 Room Number: _____/_____

____ Other $20.00 **(Bend area only)**
Please list location and give clear directions. **If there are certain time requirements, please specify and we will do our best to accommodate. Try to give us a two hour window.**

Location: *Please check one*

☐ Valogram at Summit High School

☐ If other location, please fill out the address information below.

Street Address: _____

Directions *(if necessary please use the back of this form):*

_____

_____

_____

Directions on back *yes* ☐ *no* ☐

Time requirements *(optional):*

Personal message *(optional)*:

_____

_____

Group requested *(optional)*:

Val-o-gram from:_____ **Cell Phone:** _____

Please return form, with payment to SHS Choir, to Melissa Jacot @ SHS Choir, by **Thursday, February 7, 2019**
or you may email information to: *melissa.jacot@bend.k12.or.us* *541-355-4188*
If ordered after February 7, please add $5.00!

For office use only: ----------

Code: **A B C** #_____
Group: _____

Time Delivered: _____

How paid: *check* ☐ #_____ *cash* ☐

Date received**:** _____

Date entered into data base: _____
Initials:_____