

**St. Rita Catholic School**  
**Marquee Posting Reservation Form**

Organization _____	Today's Date: _____
Contact Person _____	Home Phone: _____ Cell Phone: _____
Address: _____	Work Phone: _____ Email Address: _____

Message Topic Requested: \_\_\_\_\_  
 \_\_\_\_\_

Event Dates: \_\_\_\_\_  
 \_\_\_\_\_

Frequency: Annual, Weekly, weekends only, one time event, etc. Please specify here.  
 \_\_\_\_\_

Event Times:  
 (List multiple if applicable)

Event Time	Start	_____	Stop	_____
Event Time	Start	_____	Stop	_____
Event Time	Start	_____	Stop	_____

Event Description or Planned Activity \_\_\_\_\_

Suggested Message: \_\_\_\_\_  
 \_\_\_\_\_

Message Start Date: \_\_\_\_\_  
 \_\_\_\_\_

Message End Date: \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by: Administrative Secretary	Signature _____	Date _____
Approved by: Principal	Signature _____	Date _____