



**District 62 Speakers Bureau
Speaker Request Form**

First Name _____ Last Name _____

Address _____

City _____ ZIP _____

Daytime Phone (_____) _____ - _____

Home Phone (_____) _____ - _____

Fax (_____) _____ - _____

Group Name _____

Group Size _____

Group Age K- 8 9-12 Adults Only All Ages

Topic or Speaker Choices: First Choice _____

Second Choice _____

Date Choices: First Choice _____

Second Choice _____

Meeting Location _____

Meeting Time _____

If mailing, please return form to:
District 62 Speakers Bureau, Community Relations,
Leon Smaage Administration Center, 777 Algonquin Road, Des Plaines, IL 60016