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## ST. MARY'S CATHOLIC SCHOOL – GUEST SPEAKER

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Name of Speaker \_\_\_\_\_

Company or Title: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name & Phone Number: \_\_\_\_\_

Date & Time of Presentation: \_\_\_\_\_

Location of Presentation: \_\_\_\_\_

Connection to Curriculum: \_\_\_\_\_

Would others benefit from the speaker? Explain. \_\_\_\_\_

Teacher organizing speaker: \_\_\_\_\_

Date to Office: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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### For Office Use

Administration Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Event on Calendar: \_\_\_\_\_ Date: \_\_\_\_\_

Confirmation of Speaker: \_\_\_\_\_ Date: \_\_\_\_\_

Thank You Note Sent: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_