PAC EQUIPMENT FORM; Directions for use (please read):

Return to PAC Coordinator within 5 days of Facility App submittal – fax 425-456-4584 OR 12037 NE 5TH Street, Bellevue WA 98005 To complete this form: In the COLUMN of the school being used CIRCLE the items needed.

If the equipment is available at that school, a 'Y' will be indicated. If it is not available 'N' is indicated. Associated costs are indicated with 'SY'. A number indicates the general amount available at that school; each theater, and the equipment within, are used daily for learning. At times the full number indicated is not available and not known until we arrive.

Name of Event: Center (<u> </u>				
	rest Acad Winter PRF Day of Event Contact Name: Willi	Alla	αI	JOA	والللك	(L.J.
Date of Event: 12/15 +16	PAC or Schi: NHS Day of Event Contact Number: 206	852-7°	<u>4557</u>		<u>5-495</u>	<i>_GZ</i> q.
Description of Event:						.
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