

PTA Risograph Form

Contact Information_____

Event:_____

Distribution: Entire School_____ Oldest & Only_____
Grades_____ Include Headstart_____

Date Needed By:_____

Return To: Tuesday Folders_____

Other_____

*Approval Signature:*_____

Paper Color:_____

One Sided:_____ Two Sided_____

Any Special Instructions:

Completed:_____