

REQUEST FOR AN AMPLIFICATION SYSTEM



_____	School District
_____	School Building
_____	Grade Level
_____	Classroom
_____	Teacher

Is this Request for a New Unit?	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO
Is this Request for an update and/or equipment for an existing unit?	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO
Briefly explain the need for your request:	
Describe how, when, and how often an amplification system will be used in your classroom:	
Will you make a commitment to Quota for proper use of the system and unique batteries?	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO _____ (sign)
Will you read and abide by the simple steps to keep your system in good working order?	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO _____ (sign)

Will you provide feedback at the end of the school year regarding how your system is operating?	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO <hr/> (sign)
Teacher's name:	
Teacher's signature:	
Principal's name:	
Principal's signature:	
Please complete form and mail or email to: Quota of Wayne County Charitable Foundation-Amplification Committee C/O Robin S Spitler rengel257@gmail.com 4651 W Smithville Western Road Wooster, Ohio 44691 The purchase of Amplification systems is possible through funds raised by Quota of Wayne County's annual fund-raising efforts.	

ADMIN USE ONLY	
System Serial #:	
Microphone Serial #:	
System ID # (match components to this System ID #):	
Date Installed:	
Date Purchased:	
Warranty Valid Thru:	

Quota Checklist	
Quota Sticker Placed on Back of Machine:	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO
"SAVE THE BOX" Written on Box:	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO
Information Packet Explained:	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO
Information Packet Given to Teacher:	<input type="checkbox"/> (X)YES <input type="checkbox"/> (X)NO
Quotarian Responsible for Installation:	