

# The Seven Assembly Presentation Agreement

Appendix C4

School/organization \_\_\_\_\_ Date \_\_\_\_\_  
 Contact name \_\_\_\_\_ P  VP  AD  Other \_\_\_\_\_  
 Mailing address \_\_\_\_\_ Location \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

The sponsor agrees to pay the following expenses:

Speaking fee: N/A Assembly: \$ 500<sup>00</sup> per assembly = \$ \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_ (Payment in full is due the day of the assembly.)

Please make checks payable to *Youth Alive*.

## Assembly Information

Speaker Kevin Dawson

Assembly date \_\_\_\_\_

Topics (Chosen by administration. Choose six.)

Abstinence	Anti-violence	Choices	Peer pressure
Dreams	Character	Self-esteem	<u>tolerance</u>
Scholastic achievement	Substance abuse	Suicide	

Assembly location (e.g., gym, auditorium, etc.) \_\_\_\_\_

Number of attending students \_\_\_\_\_

Grades attending assembly \_\_\_\_\_

Set up time \_\_\_\_\_ Assembly(ies) time(s) \_\_\_\_\_

Comments \_\_\_\_\_

## Agreement

\_\_\_\_\_ (school) agrees to have The Seven Assembly presentation(s) on  
 \_\_\_\_\_ (date) at \_\_\_\_\_ (time).

Administrator's signature \_\_\_\_\_ date \_\_\_\_\_

Assembly coordinator's signature \_\_\_\_\_ date \_\_\_\_\_

Assembly coordinator's contact information

Name Kevin Dawson Phone 703 753 0300

Address PO Box 603 Haymarket VA 20168

Make three copies of this agreement, and give one to the school,  
 The Seven Project, and keep one for your files.