



South Shore Regional School Board Information Form
RCH Facilitator Information

*Please complete the information below and return, by fax to:

Misty R. Morrison, RCH Coordinator, (902) 541-3049

Group/Individual/Company Presenting	
Mailing Address	
Date of Presentation	
Title of Presentation	
Brief Outline/Description of Presentation	

AV Equipment Required: _____

Special Room Requirements: _____

Materials Required: _____

Maximum Capacity/Session: _____

Other Details: _____

Payment Details

**Note: for accounting purposes the South Shore Regional School Board requires a full mailing address and social insurance number (SIN) of the individual the payment is being made to.*

Cost of facilitation: _____

Mileage included: ____ Yes ____ No

Accommodation Required: ____ Yes ____ No

Substitute Needed: ____ Yes ____ No

SIN: _____

For SSRSB Office Use
GL: _____
CC: _____