|  |  |  |
| --- | --- | --- |
| Name: Click here to enter text. | | Title: Click here to enter text. |
| Desired Product/Item: Click here to enter text. | | |
| Grades Affected: 4K  5K  1  2  3 4  5 6 7  8 | | |
| Desired Coverage: (estimates are acceptable) | | |
|  | Cost: Click here to enter text. | |
|  | Shipping: Click here to enter text. | |
|  | Bussing: Click here to enter text. | |
| Purchase Location: (address where available) | | |
|  | Click here to enter text. | |
|  | Click here to enter text. | |
|  | Click here to enter text. | |
| Explanation of desired product/item: | | |
|  | Click here to enter text. | |
| Benefits to students: | | |
|  | Click here to enter text. | |
| Relation to curriculum: | | |
|  | Click here to enter text. | |
| Desired housing location: (where will the item be kept) | | |
|  | Click here to enter text. | |
| Please email this document as an attachment to: [clarkli@rrsd.k12.wi.us](mailto:clarkli@rrsd.k12.wi.us)  The information will be passed on to the RRAP organization | | |

Form fields will expand as information is keyed in and accommodate text that is entered.

**Product/Item Request**