



# Event Coverage Request Form Program & Community Coordinator

Please fill out and submit to Laura Geltch **no later than two weeks** prior to your event:

**Your Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Campus:** \_\_\_\_\_ Lumberton      \_\_\_\_\_ Westampton      \_\_\_\_\_ BCAS, Mt. Laurel

**Department:** \_\_\_\_\_

**Event:** *(please describe:)* \_\_\_\_\_

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**Date of Event:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Time of Event:** \_\_\_\_\_ **Additional information:** \_\_\_\_\_

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**In the event of a scheduling conflict, please email me photo(s) and event information.**

**Please return to:**

*Laura Geltch*  
Program & Community Coordinator  
Burlington County Special Services  
2 Academy Drive  
Westampton, New Jersey 08060  
(609) 267-4226 Ext. 8205  
lgeltch@burlcoschools.org