

**2019 Principal & Assistant Principal of the Year Ceremony**  
**Reservation Form**

**Date of reservation:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Organization/School:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Non-DASA member** reservations \_\_\_\_\_ x \$55 = \$ \_\_\_\_\_

**DASA member** reservations \_\_\_\_\_ x \$40 = \$ \_\_\_\_\_

**Retiring Administrator** 2018-19 \_\_\_\_\_ x \$0 = \$ \_\_\_\_\_

**Total # Reservations:** \_\_\_\_\_ = \$ \_\_\_\_\_

Make checks payable to: DASA

Check# \_\_\_\_\_ is enclosed for \$ \_\_\_\_\_

**Attendees:**

Name of finalist \_\_\_\_\_

(If finalist will be part of this table print name on #1 line below. If not print name on line above so that we know what group you would like to be seated with.)

- |           |             |     |     |    |     |
|-----------|-------------|-----|-----|----|-----|
| 1. _____  | DASA Member | Yes | ___ | No | ___ |
| 2. _____  | DASA Member | Yes | ___ | No | ___ |
| 3. _____  | DASA Member | Yes | ___ | No | ___ |
| 4. _____  | DASA Member | Yes | ___ | No | ___ |
| 5. _____  | DASA Member | Yes | ___ | No | ___ |
| 6. _____  | DASA Member | Yes | ___ | No | ___ |
| 7. _____  | DASA Member | Yes | ___ | No | ___ |
| 8. _____  | DASA Member | Yes | ___ | No | ___ |
| 9. _____  | DASA Member | Yes | ___ | No | ___ |
| 10. _____ | DASA Member | Yes | ___ | No | ___ |

Please complete & return this form with payment, no later than

**Thursday, March 7th, 2019 to:**

DASA -Dade Association of School Administrators

1498 NE 2<sup>nd</sup> Ave, Suite 200, Miami, FL 33132

Phone (305) 579-0092 / Fax (305) 579-1068