

PROJECT NAME

TEACHER / CLASS Start / Finish Date /

PRODUCER: CONTACT INFO (Email / Mobile phone)

RECORDING ENGINEER: CONTACT INFO (Email / Mobile phone)

Group Members	Type of Program	Disk / Folder / Filename	Project Description
1	<ul style="list-style-type: none"> •Podcast (Garageband) •Video (iMovie) •Other: 	e.g.Yano HD / Podcasts / Armstrong / group1-drama	Write a short description of your program. This will be used in the posting on the homepage.
2			
3			
4			
5			
6			

SCHEDULE: 432 ROOM RESERVATIONS (Day /Time) (Up to four 90 minute sessions per month)

April	May	June	July	August

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SCHEDULE: 432 ROOM RESERVATIONS (Day /Time) (Up to four 90 minute sessions per month)

September	October	November	December	January