



MISSISSIPPI CHILD CARE RESOURCE & REFERRAL

MSCCR&R Mobile Resource Unit Reservation Form

Event Name:	
Event Host Organization/Agency:	
Event Date(s):	
Description of designated parking area that is preapproved by event and has easy access for mobile unit (pictures can be submitted to support parking information)	
Time frame for mobile unit to be present:	
Special needs for the mobile unit to meet goals of the event:	
Who will be in attendance (pre-service teachers, child care teachers/providers, parents, administrators):	
Event contact name and number (contact needs to be who we can reach in case of emergency/assistance with location):	
Date submitted:	
Requestor Name and contact:	

Director/Associate Director Approval Signature and Date:

Project Director/Project Manager Signature and Date:

MSCCR&R Driver/Staff assigned to mobile unit event:



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