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PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROGRAM NAME:

PLEASE GIVE A DESCRIPTION OF THIS PROGRAM:

ARE THERE ANY SPECIAL NEEDS FOR THE PROGRAM? (Digital projector, screen, table, electricity, microphone, etc)

**Please mail/email by FEBRUARY 2, 2026:**

**Email to AMB:** amblaptop1@gmail.com

Questions: Juliette Rousseau, Teacher Liaison, (517) 861-7373

406 N. Iris Lane, Laingsburg, MI 48848