

**Banquet Reservation Form**  
**Kansas Master Teacher Awards Program**  
**April 2, 2025**  
*Memorial Union, Webb Hall, Emporia State University*

Please complete this form, print it and mail with payment to the address listed below.

1. Are you attending on behalf of a specific 2025 Master Teacher?

If so, please give his/her name: \_\_\_\_\_

2. Please list the **name of each person** who will be attending.

*Past and Current Master Teachers along with one guest each receive one complimentary, non-transferable ticket.*

	Name*	Comped Master Teacher or guest?	Requesting meal for a special dietary restriction? If yes, give restriction.
1		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
2		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
3		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
4		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
5		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
6		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
7		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
8		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
9		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
10		Yes <input type="checkbox"/>	Yes <input type="checkbox"/>

\* Use additional forms if needed

3. Total complimentary reservations requested \_\_\_\_\_

Total paid reservations requested \_\_\_\_\_ @ \$25.00 = \$ \_\_\_\_\_

4. Who is responsible for this reservation request?

Name	
Address	
City, State & Zip	
Phone Number	
Email Address	

5. Make checks payable to **ESU** and mail with completed form to:

The Teachers College Dean's Office  
 Campus Box 4036  
 Emporia State University  
 1 Kellogg Circle  
 Emporia, KS 66801

For questions, contact: [tcdcan@emporia.edu](mailto:tcdcan@emporia.edu) or  
 620.341.5367 Deadline to turn in reservation: **March 21**

<b>For office use only:</b>
Cash: _____ Check: _____
Date entered in Database: _____
Date Confirmation Sent: _____
# Comp: _____ # Paid Res: _____