EDUCATIONAL FORM

11/2007

Mississippi River Radio

Please Print

Date of Activity: 1-27-22
Name of the organization: Cape Central Academy
Town: Cape
Grade Level: High Schoother:
Brief Description of the Activity:
Teffrey Bollard sero university
A many sign a 1/laxing hiceralian (Students)
Shadowed Kirby Ray and recorded
Shadowed Kirby Ray and recorded breaks. Great learning experience for
our students.
Visite Tillent - Communications Dir.
Kristin Tallent - Communications Dir. Zech Payne - Director CA
Zerr Jayre - XIII Jones
Kristi Jalu 1-27-22
Station Representative Date

EDUCATIONAL FORM

11/2007

Mississippi River Radio

Please Print

Date of Activity: 3/10/	122	•		
Name of the organization:	Semo	-MA.	n Menia	. Dent
Town: CAge (6 1MM	serfu		
Date of Activity: 3/1 U/ Name of the organization: Town: Grade Level: Fusions—	Other:	•		
Brief Description of the Act	ivity:	. И.	14:	-
"Hamos-on"	(simi	Hu		
Station Representative			Date	

EdForm3-06

EDUCATIONAL FORM

11/2007

Mississippi River Radio

Please Print

Date of Activity: 3/15/22			
Name of the organization:	the C	max	
Name of the organization:	<u> </u>		
TOWN: COPE SIY.			
Grade Level: 6th Grade Other:			
Brief Description of the Activity:	hids	and	parents
	.		
/			
,			
Station Representative	Date	e	

EdForm3-06

By Kirky

993 dot con

EDUCATIONAL FORM

11/2007

Mississippi River Radio

Please Print

2900
Date of Activity: May 3
Name of the organization: (A) + Elementary
Town: Jack Son MO
Grade Level: Other:
Brief Description of the Activity: Tour & vector
·
·
05/03/22
Station Donnarantative Date

PdPom3-06

Mississippi River Radio

As a Licensee of the *Federal Communications Commission*, we are to serve the Public Interest as a Public Trustee. Therefore, this form is placed in our file to evidence our public service to the community. Your participation in completing this form is *voluntary*; however, we would greatly appreciate your cooperation.

a a	
Mike Renick – General Manager	
River Radio	
573-335-8291	1
Email: mrenick@riverradio.net	,
Please Print	
Date: 8/17/23	
Name of your cape Cape organization:	tour.
Location(town) of organization: Cape Clumber	
Number of people participating in the tour:	
Your Name: Writing Ovill	Mitulli
Your position, if any, with the organization:	refresident
Your Address: 220 D Familian	
Phone Number: 335-3312	

Mississippi River Radio

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Mike Renick – General Manager

River Radio

Phone Number:

573-335-8291	
Email: mrenick@riverradio.net ,	
Please Print	
Date: 06/26/23	
Name of your MO. Educators four	
Location(town) of MO CHAMber	
Number of people participating in the tour: 50 people	
Your Whitney Quick	
Your position, if any, with the Cape CHAmber of Connerce organization:	C
Your	

Mississippi River Radio

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Mike Renick - General Manager

River Radio 573-335-8291 Email: mrenick@riverradio.net **Please Print** organization: Scott City Might School Art Club Name of your Location(town) of organization:_ Number of people participating in the tour! Name: Your position, if any, with the organization: 3000 Main 54 Address: Phone Number: 573-576-5176

Your - Kurby & Davren

Mississippi River Radio

As a Licensee of the *Federal Communications Commission*, we are to serve the Public Interest as a Public Trustee. Therefore, this form is placed in our file to evidence our public service to the community. Your participation in completing this form is *voluntary*; however, we would greatly appreciate your cooperation.

Mike Renick – General Manager
River Radio
573-335-8291
Email: mrenick@riverradio.net

Please Print

Date: $8 - 30 - 23$
Name of your organization: Jack Son High School
Location(town) of organization: Jackson
Number of people participating in the tour:
Your Name: Chispon Theotochecker
Your position, if any, with the organization:
Your Address: 3 acres ov
Phone Number: 6/8-697-66/5

Hosted by Ruby

Mississippi River Radio

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Mike Renick – General Manager River Radio

573-335-8291

Email: mrenick@riverradio.net

Please Print

Date: 9-7-23
Name of your organization: Nell /fo/comb School
Location(town) of Cape Girardeau MO
Number of people participating in the tour: 30
Your Name: Corey Campbell
Your position, if any, with the organization: Teacher (JAG Specialist) Jobs for America's Graduate.
Your Address: 6547 State Hay 177 Cape Gir.
Phone Number: 573-334-3644 (school) 573-450-6635 (all)

(tosted by ferry