

Program/Workshop/Camp Request Form

I would like to request: ☐ The nine-week program ☐ a workshop ☐ a camp	
School/Organization/Group Name	Address of School/Organization/Group
	Directions
Contact Name	Cell Phone
	E-mail
Contact Phone	FAX
Reason for Request	Topic/s
Profile of Group	Participation
Number of attendees/students	□ Mandaton/
Age range of students	☐ Mandatory
Demographics	☐ Voluntary Attendance
Special needs Additional information	
Additional information	
Best Dates and Times (Please give us 2 or 3 alternative dates and/or times)	
Nine-week Program:	
☐ One class per week (90 minutes) ☐ ☐	Two classes per week (45 minutes each)
Workshops:	
☐ 90 minute ☐ Two hour	☐ Three hour ☐ Four hour
CONFIRMED DATE	CONFIRMED TIME
Attendance	Problems/Successes