

SCHEDULING REQUEST FAX FORM

Requested by: _____ Email Address: _____

School Name: _____ School Address: _____

School Phone # _____ Contact Phone # _____ School District: _____

Billing Info (See Notes) _____

<u>Program(s) Requested</u>	<u># of Sessions</u>	<u>Dates Preferred</u>	<u>Times:</u>	<u>Classroom Teacher(s) Grade Level</u>	<u># students</u>

NOTES ABOUT SCHEDULING PROGRAMS:

❖ Accurate billing is critical, please make sure you provide correct information.
 To: _____

*Some programs REQUIRE that they remain in same room.

Scotia-Glenville Children's Museum
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