

Presentation Request Form

Contact Name: _____

School/Facility/Organization: _____

Mailing Address: _____

Location Address/Directions: _____

Phone number: (w) _____ (c) _____

(h) _____ (email) _____

Fax Number: _____

Age of Participants: _____ Number of Participants: _____

Program requested: _____ (Tour) Yes No

Date: _____ Time: _____ How many programs: _____

Pets allowed? Yes No

For HSCC use only:

Presenter: _____

Confirmed by: Phone Mail Email Date confirmed: _____

Notes:

(Educator) Call prior to program:

Date/time of call: _____

Cancelled: Rescheduled:

Notes:

