



## ARTMOBILE VISIT REQUEST FORM

### *Seeing is Believing*

**September 2008 - June 2009**

**Please type or print:**

\_\_\_\_\_  
Name of school

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Mailing address (if different than street)

\_\_\_\_\_  
City and Zip Code

\_\_\_\_\_  
School telephone number

\_\_\_\_\_  
Contact person\*\*

\_\_\_\_\_  
School FAX number

\_\_\_\_\_  
Telephone number of contact person

\_\_\_\_\_  
E-mail address of contact person

\_\_\_\_\_  
Summer Contact\*\* (if different than above)

\_\_\_\_\_  
Summer contact phone number & email

\_\_\_\_\_  
Total number of classes visiting Artmobile

\_\_\_\_\_  
Total number of students in your school

\_\_\_\_\_  
Number of class periods in a normal day

\_\_\_\_\_  
Start and End time of normal school day

**\*\*Contact person must be in-school staff, not a PTO volunteer.**

**Artmobile  
Bucks County Community College  
275 Swamp Road  
Newtown, PA 18940**

**Do not send payment now.**

**Payment is due after visit is confirmed and you receive a signed contract.**

\_\_\_\_\_  
Name of person making request (please print)

\_\_\_\_\_  
Title (eg. principal, art teacher, etc.)