



ARTMOBILE VISIT REQUEST FORM

transFORMATION

Making Art from Recycled and Reused Materials

September 2009 – June 2010

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.)