

(please print)

VISIT REQUEST

PLANTING SEEDS: THE ART & SCIENCE OF POLLINATION

September 2017 - June 2019

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	<u>ol staff</u> (prin	cipal, teacher or other staff), <u>not</u> a PTO volunteer.
Mail your request to: Artmobile Bucks County 275 Swamp R Newtown, PA		
<u>Fax</u> to: 215-504-8530		
Email your request to: a	ırtmobile@	<u>bucks.edu</u>
Do not send payment now. Payment is due after visit is con	firmed and	you have received a signed contract.
Does your school require a su	bsidized vi	isit?
Name of person making request		Title (principal, art teacher, PTO president, etc.)