VISIT REQUEST

September 2014 – June 2015

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 (principal, teacher or other staff), not a PTO volunteer.

Mail your request to: Artmobile
Bucks County Community College
275 Swamp Road
Newtown, PA 18940

Fax to: 215-504-8530

Email your request to: artmobile@bucks.edu

Do not send payment now. Payment is due after visit is confirmed and you have received a signed contract.

Does your school require a subsidized visit? _________

Name of person making request (please print) Title (principal, art teacher, PTO president, etc.)