

September 2020 – June 2021

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.)
--	--