



Classroom Visit Request Form

Contact Person:

Name:	
Title:	
Organization:	
Address:	
City, State Zip:	

Phone:	Email:
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Tell me about your organization/school/library:

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Tell me about the audience:

- Pre-K K-3rd Grade Mixed Ages
 Children and Parents Teachers Special Education
 Other:

What Date(s) would you like me to visit?: *Please note that my fees begin at \$1,500 a day plus expenses*

1.	<input type="checkbox"/> All Day	<input type="checkbox"/> Multiple Days
2.	<input type="checkbox"/> All Day	<input type="checkbox"/> Multiple Days
3.	<input type="checkbox"/> All Day	<input type="checkbox"/> Multiple Days

Typically my visits include a combination of speaking and drawing. Please tell me about any special requests you may have while on my visit:

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