



Date info

taken: _____

Initials: _____

Scheduling Request Form

This is a request only. It is not a confirmation of programs scheduled. A confirmation will be emailed to you.

Requested by: _____ Email of Person Scheduling*: _____

School Name: _____ School Address: _____

School Phone #: _____ Contact Phone #: _____ School District: _____

Billing Info: Email address to send Invoice: _____ **OR** Name and address to send Invoice: _____

Grade Level: _____

Program Requested	Number of sessions	Preferred Dates	Times (15 min. between sessions)	Classroom Teacher(s)	Number of Participants (max 30)

Notes about Scheduling Programs

- * Program confirmations will be e-mailed to this address. Please check your 'junk' mailbox regularly for misdirected email.
- Review your confirmation upon receipt. Contact the museum with any changes or corrections. Please share confirmation with appropriate people.
- **BOCES payments must be confirmed in advance**
- Multiple programs should remain in the same room, and allow 15 minutes between each program for museum educator prep and set up.