

MAIL OR FAX RESERVATION FORM

Completing this form does not assure your appointment. If there is no conflict with your date, time, etc., you will receive a confirmation for your visit. If there are problems with your request, we will contact you to make adjustments.

HOME SCHOOL WEEK SITE: _____

Home School Organization name: _____

Contact name: _____

Contact street address: _____

Contact city/state/ZIP: _____

Contact phone: _____

Contact FAX: _____

Best time to call: _____

Contact email: _____

Grade Level(s): _____

MEMBERSHIP ADMISSION DOES NOT APPLY TO THIS EVENT.

Number of students @ \$2.00: _____

Number of adults @ \$2.00: _____

Number of children 5 years or less @ free: _____

Special Needs students? Yes No

If yes, how can we help accommodate? _____

Requested date: _____

Alternate date: _____

Can arrive by: _____

Must depart by: _____

Name of program: HOME SCHOOL WEEK