

Please note: By returning this form, you are definitely asking us to include your school in the tour schedule.



2009 School Visit Program Request Form

Yes, we want the actors to visit our school for _____ day(s). *\$750 per day.*

Name of school/organization: _____

Type of school: _____
(High, Middle, Junior, College, Private, etc.)

School Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Extension _____ Fax #: (_____) _____

Teacher coordinating the visit: _____

E-mail Address: _____

Home phone: (_____) _____ Cell phone: (_____) _____

The date that my school observes Columbus Day: _____

The date that my school observes Veterans Day: _____

The last day of school before the December vacation is: _____

We absolutely CANNOT accommodate the actors on the following dates.

Please include in-service days, special testing days, half days, or any dates students are not at school.

October: _____

November: _____

December: _____

Please complete and return with deposit/purchase order for half the total by March 16, 2009.

By mail: OSF Education Office, P O Box 158, Ashland, OR 97520

By fax: (541) 482-0446