

# School Visit Information Form

(please print neatly)

**Complete this form and return to Dr. Brush by Friday, April 1<sup>st</sup>!**

Outreach Team Members (2-4 students): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Team Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School you are visiting \_\_\_\_\_

Complete School Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Teacher's name(s): \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Classes/Grades you are visiting: \_\_\_\_\_

Date of your visit: \_\_\_\_\_

Time: \_\_\_\_\_

**Upon receipt of this form Dr. Brush will send a confirming letter to the teacher and give you a copy.**

**I MUST RECEIVE THIS FORM NO LATER THAT ONE WEEK BEFORE YOUR VISIT!**