

(please print)

VISIT REQUEST



September 2020 - June 2021

Please type or print:	
Name of school	
Street address	Mailing address (if different than street)
City and zip code	School telephone number
Contact person*	School FAX number
Telephone number of contact person	E-mail address of contact person
Summer contact* (if different than above	Summer contact phone number & email
Total number of classes visiting Artmobile	Total number of students in your school
Number of class periods in a normal day	·
*Contact person must be <u>in-school staff</u>	(principal, teacher or other staff), <u>not</u> a PTO volunteer.
275 Sv	bile County Community College vamp Road wn, PA 18940
Fax to: 215-504-8530	
Email your request to: artmob	ile@bucks.edu
Do not send payment now. Payment is due after visit is confirmed	d and you have received a signed contract.
Does your school require a subsidiz	red visit?
Name of person making request	Title (principal, art teacher, PTO president, etc.)