

TCMU Outreach Request Form

Organization Name Phone

Organization Address

City State Zip

School District (If Applicable)

Teacher/Contact Name Contact Phone

Contact E-Mail

Venue where Outreach will be held (if different from above)

Address where Outreach will be held (if different from above address)

City State Zip

Date First Choice Date Second Choice Date Third Choice

Arrival Time (1 hour before first class) Departure Time

Number of Participants With Special Needs

Please describe the nature of special needs, any accommodations needed, and the grade level at which the students are working:

Please provide any necessary information for TCMU instructors about parking, check-in, check-out.

Please list all teachers & additional information:

Pick your Outreach Experience Below

Outreach Special Experiences

24 children at one time recommended; \$250 for first two hours / \$50 per additional hour

Select One:

- Spark!Lab On the Go Rigamajig Imagination Playground Science Booth

Age Range of Participants: Total Number of Participants:

Outreach School Programs

Max 24 students per classroom; 45-60 minute program; \$100 for 45-60 minutes, \$75 each additional program

Select One:

- Dinosaur Discoveries (Pre-K) Transportation Tales (Pre-K) Enchanted Engineering (Pre-K, K5, 1st)
 Sun and Moon (Pre-K, K5, 1st) Grossology: The Nose Knows (K5, 1st, 2nd)
 Spark!Lab Inventors (K5, 1st, 2nd, 3rd, 4th, 5th) The Magic of Magnets (2nd)
 Watt's Current (3rd)

Grade Level of Students: Total Number of Participants:

Number of classes (24 max students per class):

I acknowledge I have read all outreach policies & procedures as outlined at TCMUpstate.org.

Teacher/Organizer Signature

Please return completed form via email to jgomez@tcmupstate.org.