

**YOUR LOGO**

# Exploratory Enrichment

## In-School Program

Date Submitted \_\_\_\_\_ Date of Program \_\_\_\_\_

Name of School: \_\_\_\_\_ District \_\_\_\_\_

Name of Teacher(s): \_\_\_\_\_

Grade Level: \_\_\_\_\_

Program \_\_\_\_\_ Contact Person \_\_\_\_\_

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

Name of Presenter/Organization \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

### Program Cost

Cost/person \$ \_\_\_\_\_ x Number of persons \_\_\_\_\_ = Total \$ \_\_\_\_\_

Total estimated cost of program \_\_\_\_\_  
plus 17% admin fee \_\_\_\_\_\*

**TOTAL COST** \_\_\_\_\_

\*NOTE: 17% administrative fee is added to your total.

### Approved by:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

Date \_\_\_\_\_



**Exploratory Enrichment Program**

**Phone:** 631-360-3652

**FAX:** 631-631-4912

**Email:** punger@wsboces.org