



Exploratory Enrichment

Request for 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: 631-623-4912

Email: punger@wsboces.org

