



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

Some programs are charged based on the number of students attending; others are charged based on the number of times the presentation is given in your district.

Note: 17% administrative fee is added to your total.

Cost/person (adults and students combined)

\$ _____ X Number of persons _____ = Total (est.) \$ _____
plus 17% admin fee _____

TOTAL COST _____

Cost/presentation in your district

\$ _____ X Number of presentations _____ = Total (est.) \$ _____
plus 17% admin fee _____

TOTAL COST _____

Approved by:

Date _____

Print Name

Signature

Phone

Email



Exploratory Enrichment Program

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