



# 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 will be 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** \_\_\_\_\_

\*required

Note: WSB will present all requests to your school district for approval

**SUBMIT**

**Approved by:**

Date \_\_\_\_\_

**For Office Use**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email



**Exploratory Enrichment Program**

**Phone:** 631-360-3652

**FAX:** 631-623-4912

**Email:** punger@wsboces.org