



ARF use only	Date RCVD
	Date Confirmed

## PROGRAM REQUEST FORM

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Room # \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell or Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Grade Level(s) \_\_\_\_\_ Number of Students \_\_\_\_\_

Language(s) spoken \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

School City \_\_\_\_\_ School State \_\_\_\_\_ School Zip Code \_\_\_\_\_

Is this a Title 1 school? (Please circle) Yes / No

**Desired Day, Date and Time for Program:**

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

Third choice: \_\_\_\_\_

**Desired Program(s) – Please check.**

**ARF All Stars® (fee based, call to inquire)**

- ARF All Stars® 5 Day Program
- ARF Kind Kids After-School Enrichment Program

**Classroom Program Requested (Free)**

- Good Sense
- Dog Safety
- Cats are Cool!