

Group/Class Visit Request Form

CONTACT NAME	SCHOOL/GROUP NAME
EMAIL	PHONE NUMBER
Contact Preference: □EMAIL □PHONE	
Grade Level(s):	
□ preschool □ kindergarten □ 1st grade □ 2nd grade □ 3rd grade □ 4th grade □ 7th grade □ 8th grade □ High School	□5th grade □6th grade
□College □Other	
How many visitors will be in your group?	_
Preferred Dates & Times:	
First Choice: Second Choice: Third Choice:	
Program Options (please check one or more choice):	
□Tour □Story □Library Orientation □Use of the Online Catalog □Database Searching □Library Research □Other	
Additional Comments:	