

SCHOOL PARTICIPATION FORM

DATE:	TIME:		
CHOOL NAME:			
RADE LEVEL/S:	NUMBER OF STUDENTS:	NUMBER OF ADULTS:	
EACHER/STAFF CONTACT NAME: _			
ONTACT PHONE #:			
ONTACT EMAIL:			
CHOOL ADDRESS:			
CHOOL PHONE #:	SCHC	OOL FAX#:	
UMBER OF BUSES THAT WILL BE TI	RANSPORTING STUDENTS:		
RE THERE STUDENTS WITH SPECIA	L NEEDS (Please circle)? YES	NO	
YES, PLEASE EXPLAIN:			

Please return completed form to: Arts and Education Administrator

Phone: 954-602-4537 | Fax #: 954-602-3653 Email: vawilliams@MiramarCulturalCenter.org