



OFFICE USE ONLY:

Invoice/Agreement

Date Confirmed: _____

Staff Initials _____

CLASSROOM OUTREACH REQUEST FORM

To schedule your outreach, complete this form and submit it via fax, email, or standard mail, print legibly.

About Your Group

School Name _____

Street Address _____

City, State, Zip Code _____

School Phone & School Fax _____

Your Name _____

Your Phone _____

Your E-mail Address _____

Student Grade Level _____

Please identify any special accommodation your group might need:

- Special Education
- Physical Disabilities
- ESL
- Other (please specify) _____

Classroom Outreach Information

- Each session lasts 60 minutes and includes all materials for the project
- Sessions must be consecutive on the same day
- Minimum of 2 sessions per day and maximum of 4 sessions per day
- Cost: 2 sessions = \$540; 3 sessions = \$630; 4 sessions = \$760
- Prices are flat rate for maximum number of students in each session, and \$9.50 per each additional student
- For Pre-K – Kindergarten: maximum of 20 students per session
- For 1st Grade and up: maximum 30 students per session
- Provide one indoor room with a sink, tables and chairs for 30 students
- Sessions can start at 8:30am, with 15 minute breaks between sessions. If three or more sessions in one day, then one break must be 30 minutes
- All sessions must take place in the same room with a school representative present at all times
- Travel fee of \$75 for Miami-Dade, Palm Beach, and Martin counties.

Where did you hear about YAA Classroom Outreach?

- Museum
- Friend
- Ad
- Email
- Google
- Other: _____

Refer to Classroom Outreach Brochure for specifics:

STEP 1: SELECT A PROGRAM

- Classroom Outreach Program: _____
- Virtual Classroom Outreach Program: _____

STEP 2: MAKE A SCHEDULE

Number of Sessions _____

Sessions can start at 8:30am, with 15-minute breaks between sessions. If three or more sessions in one day, then one break must be 30 minutes

Session 1 _____ students **Time** _____ - _____

Session 2 _____ students **Time** _____ - _____

Session 3 _____ students **Time** _____ - _____

Session 4 _____ students **Time** _____ - _____

Technology Support

We encourage schools to provide us with a projector and screen for the presentation. Please check items you can provide us with:

- _____ Projector
- _____ Laptop/Computer with a USB port
- _____ Screen/Empty white wall
- _____ Extension cord

STEP 3: LIST CHOICES FOR VISIT DATES

Date of Visit (available Mondays – Fridays)

If your requested entrance date is not available, you may be booked into your next preferred slot.

1st choice Date of visit _____

2nd choice Date of visit _____

3rd choice Date of visit _____

STEP 4: SUBMIT CLASSROOM OUTREACH REQUEST

Fax: youngatart@print.epsonconnect.com **Phone:** 954-424-0085

Email: FrontDesk@youngatartmuseum.org

Mail: Young At Art
8000 W Broward Blvd Plantation, FL 33388

Reservations are not confirmed until you receive our confirmation letter that will indicate any fees associated with your visit. A non-refundable & non-transferable 20% deposit is due within 10 business days of reserving your program. Full payment is due by the visit date. For rescheduling, cancellations, or changes in final count you must contact us at least 5 business days BEFORE your program.