Community Outreach Program Request Form

Organization/Group Name:________________________________________________________

Group Leader/Contact:__________________________________________________________

Email:_________________________________________ Phone:__________________________

Address:______________________________________________________________________

Program Location and Physical Address (if different from above): ______________________

______________________________________________________________________________

1st Choice Date: ____________________________ Time(s): ______________________________

2nd Choice Date: ____________________________ Time(s): ______________________________

Number of Program Participants: ______

Please Describe Program Participants (children, adults, families, student group, ages of children, etc.):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Do any participants have special needs of which the outreach educator should be aware?

Please describe your program interests/needs below:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Cost: Program fees will be determined based on specific program requests. Mileage outside of the Eugene/Springfield area will apply ($0.575/mile). Additional travel expenses may apply when program schedule requires an overnight stay.

Send completed form to: Outreach Program

Email: mchnoutreach@uoregon.edu  Fax: 541-346-5334  Phone: 541-346-5019

Museum of Natural & Cultural History, 1224 University of Oregon, Eugene, OR 97403-1224

OFFICE USE ONLY:  Scheduling Email: _____ Confirmation Received: _____ Calendars: _____ Scholarship Log: _____
