Community Outreach Program Request Form

Today’s Date: ____________

Organization/Group Name: ___________________________________________________________

Group Leader/Contact: ______________________________________________________________

Email: ____________________________ Phone: _________________________________

Address: ____________________________________________________________

City: ___________________ Zip: ___________ County: _______________________

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

1st Choice Date: _______________ Time(s): __________________

2nd Choice Date: _______________ Time(s): __________________

3rd Choice Date: _______________ Time(s): __________________

Estimated Number of Program Participants: ______________

Describe program participants (children, adults, families, student group, ages of children, etc.), including any special needs that the outreach educator should be aware:

Program Request:

☐  Move Like a Mammoth – 2016 Library Summer Reading Program ($85 plus travel expenses)

☐  Other: ____________________________________________

Additional Comments: ______________________________________________________________________

_____________________________________________________________________________________

Cost: Program fees determined based on specific program requests. Travel expenses include mileage outside of the Eugene/Springfield area ($0.575/mile) and additional costs when overnight stay required.

Send completed form to: Outreach Program

Email: mnchoutreach@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: ____
Calendars: ___  Scholarship Log: ____  Invoice Sent: ____  Invoice Paid: ____
TAM: _____  _______  Motorpool: _____  Reminder: ______  Survey: ______

Fee: ______________
Mileage: ______________
Lodging: ______________
Total: ______________