

**Print the Form, Complete, Sign and Send it to Pam after confirming the Visit Date**

Name \_\_\_\_\_  
(Responsible for payment of services)

Place of Event \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Program (s) Selected \_\_\_\_\_

Presentation date \_\_\_\_\_ Time \_\_\_\_\_

Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_

Contact \_\_\_\_\_

Title \_\_\_\_\_

Circle what applies: K-2 2-6 Middle Grade YA's Adult

Size of group(s) \_\_\_\_\_ Number of presentations \_\_\_\_\_

Presentation Charge \_\_\_\_\_ Mileage \_\_\_\_\_ x .42 = \_\_\_\_\_

Hotel Confirmed? \_\_\_\_\_ Flight Confirmed? \_\_\_\_\_ Total Due \_\_\_\_\_

All returned checks will be charged a \$25.00 fee. Payments not made as agreed will be charged a late fee of \$30.00 per each 30 day billing cycle.

**I have read, understand and agree to the terms stated on this document.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Program Coordinator

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Author or Authorized Representative

Pam Van Scoyoc  
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