Please fill this out completely and send back to: amy_vallone@boces.monroe.edu

DATE(S) OF VISIT		SCHOOL BUILDING		SCHOOL HOU	IRS M-F	
<u>1.</u> 2.	_			-		
3.	_	-		-		
4.	_	-				
5.	_	-				
3.	_	-				
SCENARIO REQUESTED		GREAT LAKES MYSTERY				
LEAD TEACHER NAME PHONE NUMBER						
EMAIL ADDRESS						
CLASS SCHEDULE PER DAY						
DAY 1	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME	MANIFEST SUBMITTED
class 1						
class 2						
class 3						
DAY2	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME	MANIFEST SUBMITTED
	DATE	TEACHER NAIVIE	EIVIAIL ADDRESS	START HIVE	END TIME	MANIFEST SORMITTED
class 1 class 2						
class 3						
<u>Class 5</u>						
DAY 3	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME	MANIFEST SUBMITTED
class 1						
class 2						
class 3						
DAY 4	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME	NAANUEECT CUIDNAITTED
DAY 4	DATE	TEACHER NAIVIE	EIVIAIL ADDRESS	START TIME	END TIME	MANIFEST SUBMITTED
class 1 class 2	+					
class 3						
Class 5						
DAY 5	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME	MANIFEST SUBMITTED
class 1						
class 2						
class 3						
Additional Comments:						
	-					