

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

DATE(S) OF VISIT

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

SCHOOL BUILDING

SCHOOL HOURS M-F

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
class 1					
class 2					
class 3					



MANIFEST SUBMITTED

DAY 2	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					



MANIFEST SUBMITTED

DAY 3	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					



MANIFEST SUBMITTED

DAY 4	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					



MANIFEST SUBMITTED

DAY 5	DATE	TEACHER NAME	EMAIL ADDRESS	START TIME	END TIME
class 1					
class 2					
class 3					



MANIFEST SUBMITTED

Additional Comments:

