

# CENTER FOR ENVIRONMENTAL EDUCATION PROGRAM REQUEST FORM

**(Please use one form per program request)**

*You have the best chance of getting the dates you requested if you get your form in by July 15th, as the bulk of the programs are scheduled in late July.*

Please complete ALL information to better help us process your form.

<b>PROGRAM INFORMATION</b>	PROGRAM NAME _____ NATURE CENTER & OVERNIGHT GROUPS ONLY SECOND PROGRAM _____ PRIORITY # ____ (If you request multiple programs and don't prioritize them, we will prioritize them.) PROGRAM LOCATION ___ SCHOOL ___ MADDEN ___ YORKTOWN (CHALLENGE COURSE ONLY) GRADE(S) _____ TOTAL # STUDENTS _____ TOTAL # CLASSES _____ HOW MANY CLASSES WILL INCLUDE A SPECIAL ED CLASS DURING THE PROGRAM? _____ DO YOUR CLASSROOMS HAVE SMARTBOARDS? ___ YES ___ NO ___ SOME DO/SOME DON'T
<b>SCHEDULING INFO</b>	MONTH PROGRAM DESIRED _____ IDEAL DATE(S) _____ DATES/DAYS UNAVAILABLE _____ TIME SLOTS PREFERRED _____ TIMES UNAVAILABLE (i.e. SPECIALS) _____ TIME SCHOOL BEGINS _____ TIME SCHOOL ENDS _____ LUNCH TIME _____
<b>DISTRICT INFORMATION</b>	DISTRICT _____ SCHOOL _____ CONTACT PERSON'S NAME _____ CONTACT PERSON IS A : TEACHER PTO REP (CIRCLE ONE) OTHER TEACHERS' NAMES (INCLUDE ONLY ONE NAME PER CLASS) _____ _____ CELL PHONE _____ E-MAIL ADDRESS _____ <i>(For use during scheduling or an emergency during the school year)</i>
<b>\$\$</b>	<b>ALL FEES WILL BE BILLED THROUGH THE REGULAR BOCES MONTHLY BILLING</b>

ALL CONFIRMATION LETTERS ARE MAILED TO THE TEACHER THE PROGRAM IS SCHEDULED FOR AT THE SCHOOL ADDRESS ONLY!

EMAIL, MAIL or FAX TO:  
 CEE REQUESTS  
 PNW BOCES  
 200 BOCES DR.  
 YORKTOWN HEIGHTS, NY 10598  
 FAX 914.248.2390 [ceeschedule@pnwboces.org](mailto:ceeschedule@pnwboces.org)