

PATHMAKERS VISIT REQUEST

Date of requested visit:.....

School:

Address:
.....

Contact person:.....

Phone number (school):.....

Fax number (school):

Email (if applicable):.....

Age of audience:

Approximate number in the session:

Start time of the session:

Length of the session:

Language of the presentation:

Number of Pathmakers required:

Special requests:
.....
.....

Date request made:

Please complete and fax to **Kathryn Reilander** at **(613) 727-7663**