Exploratory Enrichment Request Form
Madison-Oneida BOCES

District: ___________________ Building (Full name) __________________________

Contact Person: ____________________________________________________________

Phone: ___________________ Email: ___________________________________________

Event or Performance Location: ______________________________________________

Date of Event: _______________ Total Site Fee: ________________________________

**Do not include any ticket or per person pricing as this is not allowed by CoSer Guidelines**

# of Students: ____________ # of Adults: ____________ Time: _________________

Vendor/Presenter: __________________________________________________________

Vendor/Presenter Address: _________________________________________________

Telephone Number: ______________ Email: _________________________________

Curriculum Connections: __________________________________________________
(social studies, science, technology, environmental education, health, etc.)

Building Principal (or designated rep.) Signature ___________________ Date ________

IMPORTANT NOTES:

植被  It is the school district’s responsibility to pay for transportation, food and lodging.
植被  Authorized school personnel are required be in attendance with students during
植被  presentations and events.

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Send completed form by email to Tracy Pulverenti at tpulverenti@moboces.org
or fax at 315-361-5595. You will be notified by email when purchase order has
been issued.

For more information, please call Staff Development office at (315) 361-5550
or email Tracy Pulverenti at tpulverenti@moboces.org.