



Canada's Sports Hall of Fame Education Program Booking Form

CONTACT INFORMATION:

School /Organization Name: _____

Contact Person: _____

School/Organization Address:

(City)

(Postal Code)

Contact Email: _____

School/Organization Email: _____

Contact Phone Number: _____

(Prior to booking)

(Day of booking, cell phone preferred)

PLEASE SELECT AN EDUCATION PROGRAM:

Spectacular Sports Moments (Language Arts) AVAILABLE NOW:

Gr 4 Gr 5 Gr6 Other

Art of Motion (Fine Arts) AVAILABLE NOW:

Gr 4 Gr5 Gr 6 Other

Sports Technology (Science) AVAILABLE FEBRUARY 2012:

Gr 7 Gr 8 Gr 9 Other

REQUESTED DATES:

Please provide three date/time options. Please note, there are two sessions available Tuesday – Friday; morning – 10 AM - 12 PM, afternoon - 1 PM to 3 PM.

1st Booking Request: _____ morning (10 AM – 12 PM) afternoon (1 – 3 PM)
(Day/Month/Year)

1st Booking Request: _____ morning (10 AM – 12 PM) afternoon (1 – 3 PM)
(Day/Month/Year)

1st Booking Request: _____ morning (10 AM – 12 PM) afternoon (1 – 3 PM)
(Day/Month/Year)

Number of Classes: _____ Number of Students (max 40 per class): _____

Number of accompanying adults* (includes teacher(s) and parent volunteers): _____

*Teachers and parent volunteers are free-of-charge at ratio of 1:5 adults to students

ADDITIONAL REQUIREMENTS:

(include details regarding special needs students and comments)

Contact person will be notified by email and phone with confirmation of booking date and time, within three days of submitting this form.

CANCELLATION POLICY:

Program bookings cancelled less than 48 hours prior to the booking date and time, will be charged \$25.

**Please send completed form to;
programs@cshof.ca**