

CLASS ACTS
OUTREACH SERIES
RESERVATION FORM

EVENT _____

DATE _____

TIME _____

SCHOOL NAME _____

TEACHER'S NAME _____

NUMBER OF BOOKS NEEDED _____

GRADE _____

**NUMBER OF SEATS
NEEDED (INCLUDE TEACHERS & CHAPERONES*)** _____

SPECIAL NEEDS _____

FAX NUMBER _____

E-MAIL ADDRESS _____

PHONE NUMBER _____

MAILING ADDRESS _____

**PLEASE FAX INFORMATION TO (906) 487-3552.
FOR MORE INFO CALL (906) 487-1836 OR 487-2844 AND SPEAK TO
WANDA FRIMODIG.**

***ONE TEACHER OR CHAPERONE PER 15 STUDENTS**

ROZSA CENTER FOR THE PERFORMING ARTS - CLASS ACTS

<http://www.rozsa.mtu.edu/>

MichiganTech