

EVANGELICAL SCHOOL FOR THE DEAF, INC. ESCUELA EVANGELICA PARA SORDOS

Thank you for your interest in visiting E.S.D. In order to plan your visit, we would like the following information. Please allow a minimum of 2 weeks between the time of submitting your request and the actual visit.

Visitor Request Form

Date: _____

Please state the purpose of your visit: _____

How many people are in your group? _____

What is the name of your organization or group? _____

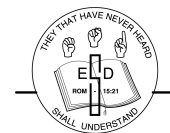
Name of the group leader: _____

Telephone, email and contact information: _____

Will you be bringing activities to do with a group of students? Yes _____ No _____

What is the nature of the activities you will present?

- Craft
- Social interaction
- Sports
- Video presentation
- Other _____



Which of the groups would you like to share with?

- under 6
- ages 7-10
- ages 13-16
- ages 17-21
- all

What areas of the school will you be utilizing?

- Basketball court
- Chapel
- Classroom
- Library
- Dining room

What is the projected duration of your activity? _____ hours

Please give 3 dates of preference for your visit. You will be contacted by someone from the school about which of these date's fits into the school activities schedule.

In you have any additional information, please include that here. Thank you again for your interest in E.S.D.

