



Humane Education Department

Program Request Form

Contact Information			
School/Organization:			
Address:			
Contact Person:			
<i>Mr/Ms/Mrs</i>	<i>First Name</i>	<i>Last Name</i>	
Please check preferred method of contact			
Work Phone:	<input type="checkbox"/>	()	
Cell Phone:	<input type="checkbox"/>	()	
Fax:	<input type="checkbox"/>	()	
Email:	<input type="checkbox"/>		@

Program Information			
Grade Level(s)		Number of Students	
Date and Time: Please enter your available/target date range as well as the general time period you wish to schedule the program in.			
Date between:		and	
Time between:		and	
Topic:			
How did you hear about the RISPCA's Education Department?			
<input type="checkbox"/> Online: RISPCA Website / Online search		<input type="checkbox"/> Shelter Visit	
<input type="checkbox"/> Media (t.v. or newspaper)		<input type="checkbox"/> Other	
<input type="checkbox"/> Community Event			

Please complete the form above, check for accuracy, sign below and return to:

RISPCA / Humane Education / 186 Amaral Street / Riverside RI 02915

You may also fax the completed form to: (401) 438-8154 or email to: amy@rispca.com

Please schedule as early as possible, and no closer than two (2) weeks to your requested date. Our staff will contact you as soon as we receive this form to answer any questions and to confirm the program time and date. *Your program is not confirmed until we have followed up on this form.* Thank you, and we look forward to working with you!

Signature: _____ **Date:** _____