

# Presentation Request Form

Program coordinator name(s): \_\_\_\_\_

Program coordinator email: \_\_\_\_\_

Program coordinator phone number: \_\_\_\_\_

School name: \_\_\_\_\_

School address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School main phone number: \_\_\_\_\_

Is this a grant requirement program request?      Yes      No

Number of presentations being requested: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Number of sections per grade: \_\_\_\_\_ Number of students per section: \_\_\_\_\_

Type of presentation requested:      In-Person      Virtual      Pre-recorded Video

Date of last year's presentation(s) if applicable: \_\_\_\_\_

Preferred month and days of the week: \_\_\_\_\_

Additional information: \_\_\_\_\_

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Please email for to Theresa Greinig – [theresa@swancc.org](mailto:theresa@swancc.org)