

MCHE Mosaic of Memories Request Form

Please fill out this request form and either fax to 913-327-8193,
email to Jessica at schools@mchekc.org,
or mail to MCHE, 5801 West 115th Street, Suite 106, Overland Park, KS 66211
at least 4 weeks prior to your desired presentation date.

Contact Information

Teacher Name: _____

School: _____

School Address: _____

City, State, Zip Code: _____

Home Address: _____

City, State, Zip Code: _____

School Phone: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Grade Level and Discipline: _____

Scheduling

_____ Number of Students

_____ Number of adult supervisors (1 per 15 students please)

Date and time preference:

1. _____

2. _____

3. _____

I have read the description and technology requirements for this program at
<http://www.mchekc.org/MosaicofMemories.htm>.

Signed: _____

Date: _____