

# SCHOOL VISIT APPLICATION FORM

## PART I

Name of Event: \_\_\_\_\_ Event Date: \_\_\_\_\_

PLEASE MARK THE PROGRAM OF YOUR CHOICE

Program 1: ( ½ day) Behind the Pages     Program 2: (full day) Up Close & Personal

Event Location: \_\_\_\_\_ Event Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Event Type (book signing, reading, festival, etc): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Please Explain: *The author is expected to* \_\_\_\_\_

\_\_\_\_\_

Is there a specific topic that you would like the author to speak on? yes/no

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

## PART 2 Author Accommodations (IF APPLICABLE)

Flight Transportation Provided:

- **2 Round Trip Airline Tickets (Author & Manager)**

Please provide flight information:

(please fax itinerary)

Airport: \_\_\_\_\_ Airline: \_\_\_\_\_ Date of Reservation \_\_\_\_\_

Confirmation# \_\_\_\_\_ Departure Time: \_\_\_\_\_ Arrival: \_\_\_\_\_

Hotel Room Provided:

- **1 Double Bed Suite – Non-Smoking**

Please provide hotel information:

Hotel: \_\_\_\_\_ Date of Reservation: \_\_\_\_\_ Confirmation # \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Meals Provided:

- **Breakfast, Lunch and Dinner meal tickets on the day of arrival until departure**  
(unless stated otherwise)

On the day/s of the event, please provide the author and her management with the items listed below:

Bottled Waters

FEES:

Author Fees: \_\_\_\_\_ Mileage: (.42 per mile) \_\_\_\_\_ Other Expenses: \_\_\_\_\_