

# Madison County CAREE/Ag in the Classroom “Land of Illinois” Program Request Form

**Please complete form and fax, mail or e-mail ASAP**

<p><b>Contact Person:</b> (For schools with multiple 4<sup>th</sup> grade classrooms, please designate 1 contact person.)</p>	<p><b>School :</b></p> <p><b>Address:</b></p>
<p><b>Contact Person’s E-mail:</b> (This is the preferred method of communication)</p> <p><b>Fax Number:</b> (Schedule notices will be faxed or e-mailed.)</p>	<p><b># of 4<sup>th</sup> grade classrooms:</b></p>
<p><b>Preferred day(s) of the week and time:</b> (Please block a 50 minute time slot for each class. This will include set-up, presentation, and clean-up/travel time.)</p>	<p><b>School start time:</b></p> <p><b>Recess time:</b></p> <p><b>Lunch time:</b></p> <p><b>School end time:</b></p> <p><b>Dates of any field trips or testing:</b></p>

- x Contact person will be responsible for passing on information and scheduling. A schedule for the school year will be sent as soon as possible to the contact person. After receiving the schedule, please review for any possible conflict so changes can be made.

**Thank you!**