

**Southern Regional Area Health Education Center is pleased to present  
“The Great Hospital Adventure” Puppet Presentation  
Scheduling Form**

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

School/Organization Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Emergency Number \_\_\_\_\_

We would like to schedule a Puppet Presentation for our school on one of the following dates. *Note: If you are requesting more than one workshop, please indicate. Do not schedule more than two presentations in one day.*

<b>Day/Date</b>	<b>Time</b>
1 <sup>st</sup> Choice _____	_____
2 <sup>nd</sup> Choice _____	_____
3 <sup>rd</sup> Choice _____	_____

Please indicate the location (within your school/organization) where the workshop is to be conducted. *Note: Please ask students to sit on floor for the puppet presentation.*

Location: \_\_\_\_\_

Equipment Needs: TV/VCR

Number of Expected Participants (number per workshop not to exceed 75)

- 11-25
- 21-35
- 41-55
- 61-75

Grade Level of Participants:

- 1st
- 2nd

Return completed form to: Health Careers Puppet Program, Southern Regional AHEC 1601 Owen Drive Fayetteville, NC 28304 Fax# 910-323-0674 Email: Yanci.Evans @ sr-ahec.org. If you have questions, please call Yanci Evans at 910-678-7299.