

Presentation Form

Name of the Presentation: _____

Date: _____

Time: _____

Presenter: _____

Other Guests: _____

Materials/ props you are bringing: _____

Art & Craft: _____

Materials/ props needed: _____

Teacher's assistance () yes () no

Large groups _____ Small Groups _____

Number of children in the group: ___

Projector needed: () yes () No

If yes, please bring your laptop and cables

Snack optional () yes () no

Snack menu: _____

* **Ingredients list:**

*Drinks/utensils provided by school

Special Instructions: _____

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