**Service Request Form**

To submit this form, please: **Email to** skoay@ivychild.org or **Fax to** 508-300-7755

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| --- | --- |
| Name of Organization: |  |
| Contact Name(s) and Title(s): |  |
| Contact Phone: |  |
| Contact Email: |  |
| Requested program/event service summary: |  |
| Attendee/participant information (number of participants, age, grade level, demographic etc.):  |  |
| Start date: |  |
| End date: |  |
| No Class/Vacation dates (tests, holidays): |  |
| Time(s): |  |
| Class Dates: |  |
| Site Location Name and Address:  |  |
| Allocated Class Space/Room: |  |
| Available budget (specify amount): |  |
| Invoice Contact Information (contact authorized to receive and process program invoices): | Full Name:Title:Phone:Email: |
| Service Agreement Contact (contact authorized to sign the service agreement/contract). If same as above or main contact, please indicate. | Full Name:Title:Phone:Email: |
| Program materials (i.e. yoga mats, projector, wifi, laptop, sound system) needed or that can be provided. If needed, please indicate amount (i.e 20 yoga mats): | [ ]  Projector[ ]  Wifi[ ]  Laptop |
| Photos/Videos:  | **[ ]** Photos/Videos for marketing/reporting purposes **CAN** be taken  with signed media release forms.**[ ]** Photos/Videos for marketing/reporting purposes **CANNOT** be  taken at all. |
| Participant Surveys | May we ask participants to complete a pre and/or post-survey? [ ]  Yes [ ]  No |
| Site Supervisor or Instructor Surveys/Testimonials | Will you commit to providing a testimonial and/or completing an evaluation form after the class/program has ended?[ ]  Yes [ ]  No |
| How did you hear about us?If referred by someone, please provide name and organization. |  |
| Any special requests or additional information? |  |

Please note that due to the high volume of invitations and requests received, it may take at least five

business days for a response.

 **Thank you for your interest in Ivy Child International. We look forward to working with you.**

**Connect with us:**

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